2411 N. Charles St., Baltimore 9400

Film G94

. The correct age legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

02400

Cumberland, Maryland Date signed

. 1
4
/

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County Clegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryloud County allegary City or town Ealleville
How long in above place of death? Hospital institution, or street address where yeath occurred: Alaka Cussivella Claude, Russi	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Dwight Eldin Airesman	3. (b) Social Security Number 218-146-4209
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH March 15th., 19 45 at 5:50 P
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) October 14, 1921 1923	and that I last saw halive on
8. AGE: Years Months Days If less than one day 21 7/2 5 13/2hrshrs.	Coronary Occlusion
9. Birthplace Listie Pa (Town, county, and otate)	Due to.
10. Usual occupation. Doctor and Ohio. R. F. Co.	Due to.
12. Name Harry airesmans 13. Birthplace Pa	Dther conditions
14. Malden name Mary grace Shaffer 15. Birthplace	. (Include pregnancy within 3 months of death) Major findings of operations.
7/2 -	
18. Interment W.S. Mary areamon Address Elleville, Mrs	Antopsy results
17 Burish (Burial, cremation, or reproval) Which?) Date thereof Mar. 18, 1445 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or organistry Ileasant Hill Location Nomerset, RD. Pa-	Where did injury occur?
18. Funeral director. Harvey H. Leigle	Means of Injury Injured at work?
Mach 1017 45 Winter & Frank M.	23. SIGNATURE LILLIA H. Balance M. D. or other
(Date rec'd by registrar)	Address Cumberland, Maryland Date signed 3-15-45

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Evid	enc	е	fo	r	cha	inge	0:	f	M
age	of	de	ce	2.5	ed	is	sh	own	on
FILM	No (7	9	1	M	T YE	5	194	5

1. PLACE OF DEATH:

ARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (2014)

Address

63	0)	79	B)	1
U	1	4	U	ı

3. (b) Social Security Number

CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOM (For newborn infants give residence)	(E) OF DECEASED: County Count
City or town Can	n limits, writs RURAL and give nearest town)
Street No. 217 Day	al, give LOCATION)
0 (0) 11 (1)	

(if outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?				
How long in hospital or institution?				
3. (a) FULL NAME				
Bur Bine Ald				
4. Sex 5.4Color or race 6.(a) Single, married, widowed, or divorced				
male White Granied				
6.(b) Name of husband or wife James Beatrice Powell.				
7. Birth date of deceased (mo., day, yr.) Pract 11 1900				
8. AGE: Years Months Days If less than one day				
44 40- 10 1hrsnin.				
9. Birthplace				
11. Industry or business & & & O Ply .				
12. Name Grank Aldeston.				
14. Maiden name Angua Rafus 15. Birthplace 15. Birthplace Ond.				
18. Informant most finders from helm.				
11. Barial, cremation, or remogal. Which?) Bate thereof. Sandy (month) (day) (year)				
Cemetery or crematory Added American Company				
Localion Line & March				
18. Funeral director ATMO SILLAN JOB				

		0. (0) 0000	as becarity in	and the same of
rtm	West S	705-	09-9	694
MED	ICAL CE	RTIFICA	TION	
20. DATE DE BEATH STA	rel	10	19.45, a	20
21. ICERTIEN that down occurred or	the date above	spire that I	attended decease	d from
and that I last saw hallve	on A	Elen	shill	14
Immediate cause of death	Va	lem	len	DURATION
Due to rear	di	200	120	390
				······································
Due to				•••••
g		*******		
Other conditions		*****************		
(Include pregnan	ey within 3 me	onths of death)	
Major findings of operations			••••••	

	ease underline the cause to which d		arged statistical
22. VIOLENCE:	If death was due to external causes, fi	III in the following:	
Accident, sulcide,	or homicide	Date of	•••••
Where dld Injury	occur?(City or town)	(County)	(State)
Injured at home,	farm, Industry, public place (where?)	***************************************	

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address

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BUREAU V.S.

MARYLAND STATE DEPARTMENT

2411 N. Charles St., Baltimore lon

02402

)		CERTIFICAT	TE OF DEATH Reg. Dist. No.	4
City or town(If o	any mberland, utside city or town lin of death? street address where d rial flos	, Maryland alts, write RURAL and give nearest town) eath pocurred: Oital days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) West Virginia County Hampsh City or town (If outside city or town limits, write RURAL and give Street No	**************************************
3. (a) FULL NAMI			3. (b) Social Secur	:4- N
Fre	derick W	. Allen, Jr.	Dodl	ity Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Single	20. DATE DF DEATH March 1 19.4	5 3:06 P
6.(6) Name of hosband 7. Birth date of	or wife		21. I CERTIFY that death occurred on the date above stated; that I attended the state of the sta	leceased from
deceased (mo., day, y	June 1	1, 1944	and that I last saw has alive on	
8. AGE: Years	Months	Bays If less than one day	Immediate cause of death	DURATION
9. Sirthplace	ryland (Town, e Infant	ounty, and state)	Due to. Due to. Due to.	3 MA
2	rederick est Virgi	W. Allen	Other conditions Jamelio Ineuma	(YK
14. Malden name	Manionia	Wolford	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant	Memoria	l Hospital	Autopsy results	and statistically
Address	Cumberla	and, Maryland		ged statistically.
	or removal. Which?) Judica	Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
Location	Roune	4.	Injured at home, farm, Industry, public place (where?)	
18. Fuoral director			Means of Injury Injured at work?	
Address / C	penney.	eu.va.	O Phones u	u N
19. May. (Date rec'd by reg	3, 19 45	Winter R. Franty M.	23. SIGNATURE M.	D. or other ned 3-1-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 6 1945
BUREAU V

legibly.

death clearly and

causes

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important.

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (H (For newborn infants give	OME) OF DECEASED:
	County Allegany
City or town Cumberla	nd or town limits, write RURAL and give nearest town)
Street No. 525. Faj	

3. (b) Social Security Number

3. (a) FULL NAME

4. Sex

How long in hospital or institution?...

1. PLACE OF DEATH:

Amelia Bareis 5. Color or race 6.(a) Single, married, widowed, or divorced Married

Allegany

Female Whits

Cumberland

How long in above place of death? 74 Years

Hospital, institution, or street address where death occurred:

City or town (If outside city or town limits, write RURAL and give nearest town)

Allegany Hospital

7. Right date of July 6 1870 deceased (mo., day, yr.) If less than one day 8. AGE: Months

74 18 Cumberland, Allegany Co, Laryland
(Town. county, and state)

1D. Usual occupation House Wife Own House 11. Industry or business

12. Name Francis C Reichert 12. Name...... Germany 14. Malden nar Teresa Wertman 14. Malden name.....

Germany Francis L Bareis

Address 525. Fayette St. Cumberland, I.d.

Burial
(Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year) Cemetery or crematory St Peter & Faul Cemetery

Location Cumberland, Id.

18. Funeral director Filliam H. Kight

Cumberland. Id.

(Include pregnancy within 8 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. Where did injury occur?(City or town) Means of injury M. D. or other Date signed 3-76-4

None MEDICAL CERTIFICATION

2.(a) If veteran, name war.....

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 21 1945 10 Kench 75 1945

and that I last saw h. and alive on through 75 1940

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

RIMMERVIE

APR 4 1945

BUREAU V. B.

The correct age legibly

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

M. 12, B. ONEUS.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 1947

02404

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 17/169074	State Maryland county Allegany
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institutions or street address, where death occurred:	Street No. 633 Yale 54.
How tong to hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) It veteran, name war
Gary Evan Burnes	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Single	20. DATE OF DEATH DATE OF DEAT
8.(b) Name of husband or wife.	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I tast saw h and altro on 19 19
doceased (mo., day, yr.) 101/13, 1944	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Dinish 2m
	Due to.
(Town, county, and state)	000 (0
10. Usual occupation	Due to
11. Industry or business	
12. Name Elroy H. Bornes 13. Birthptace Oldforn, Md.	Diher conditions
14. Malden name. Amelia E. Brinkmon 15. Birthplace Cumberland Md.	(Include pregnancy within 3 months of death)
15. Birthplace Cumberland, Md.	Major fiedings of operations
16. Interment Elizay IV. Barres	Antepsy results
Address 633/ Hale St.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due fo external causes, flit in fine following:
17. Burial, cremation, or removal, Which?) Date thereof, Max 3 1, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Three Charates Methodistlenete	Where did injury occur?
Location Taxes Tayeches, Wallo	Injured at home, farm, todustry, public ptace (where?)
18. Funerat director Alles Jal H. fac	Means of thjury thjured af work?
Address Celasbulland, Uld.	as signified by the contractions
19. Max 31 1945 Vinter R. Frantz M. L. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or Other Address Date signed

APR 4 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.....

County County	(For newborn inlants give residence of mother)
City or town Cleanbert and	State County Clley
(If outside city or towo limits, write RURAL and gwe nearest town)	Poppage Ton was
How long in above place of death?	(If outside city or then limits, write RURAL and give neorest town)
Hospital, Institution, or street address where death occurred:	Street No.
allegary Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
15 aly Blut	Tone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Bernale White Derigle	20. DATE OF DEATH 3 23 19 45 81 9 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
_	3-23 1845, 10 3-23 18 55
7. Birth date of years	and that i last saw h en alive on 3 - 23
deceased (ma, day, yr.) March. 23, 45	Immediate cause of death
8. AGE: Years Months Days If less than one day	penaline hab
	(7 mints)
8. Birthplace combined and and	Due to.
(Town, county, and state)	
1D. Usoat occupation	Due to.
11. Industry or business	
12. Name I tayly a Blubayle 13. Birthpiace Silvery and	Other conditions
3. Birthplace dilmore and	
14. Malden name I Land Ewing	(Include pregnancy within 3 months of death)
E 15. Birthplace Frostley and	Major fiedings of operations.
=1 15. Birthplace / / Losting and	- Date ot op.
16. Informant I + arry e Blubugh	Actorsy results.
Address Eresula town and	PHYSICIAN: Fience coderline the caose to which death should be charged statistically.
Beili	22. VIOLENCE: it death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Daie thereof (month) (day) (year)	Accident, suicide, or homicide
0012	
Cemetery or cremetory.	Where did injury occur? (City or town) (Coenty) (State)
Location Jones and gul	Injured at home, farm, industry, public place (where?)
18. Funeral directors 211	Means of Injury Injured at work?
9	(Mx 3 May 1)
Address donas organing had	234 SIGNATURE WYTHINGS MID
10 Mar 25 ,45 Waiter K. Frank, 1	M. D. or other
(Date ree'd by registrar)	Address Date signed 3 - 233 &

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E Comment of the Comm

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TELL V.S.

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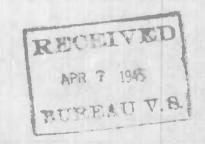
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16-6

02406

CERTIFICATE OF DEATH

	Keg. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants, give residence of mother) State
City or town (If outside city or town limits, write RURAL and give nearest town)	8011
How long in above place of death?	(If outside city or town limits, write RURAI/and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Oschard Sh
JAMA AM	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henris Bolin	Grons.
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale White Wednord	20. DATE DE DEATH Branch 30 19.45 at 7 P.
6.(b) Name of husband or wife aller Boles	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	JEbourn 19.45 10 Morch 30 19.45
7. Birth date of	and that I last saw h w alive on Morch 30 1945
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate and of death DURATION
0. 10.6	Carcuoma Tomach. L-years.
81 10 10min.	
9. Birthplace (Town, consty, and ptate)	Due to
1/	
10. Usual occupation	Due to
11. Industry or business	Me rough Par
E 12. Name Cercias Horres	Dither conditions
🖾 13. Birthplace 🧀 🧘	(Include pregnancy within 8 months of death)
14. Malden name Mary Michael 15. Birthplace	
15. Birthplace and	Major findings of operations.
16 Informant Alex James Ralan	Date of op.
om 1: -t1	Autopsy results
Address (Marolee) Md	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory madein Chrisch Cin	Where did injury occur?
madh. P	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Dozen Ditates Huss	Mssns of Injury Injured at work?
Address Cecuelrelander md	William E. Misely M. B.
alla 31 45 It land Well	23. SIGNATURE. M. D. or other
(Late rec'd by registrar) Registrar	Address Date signed 731-45



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

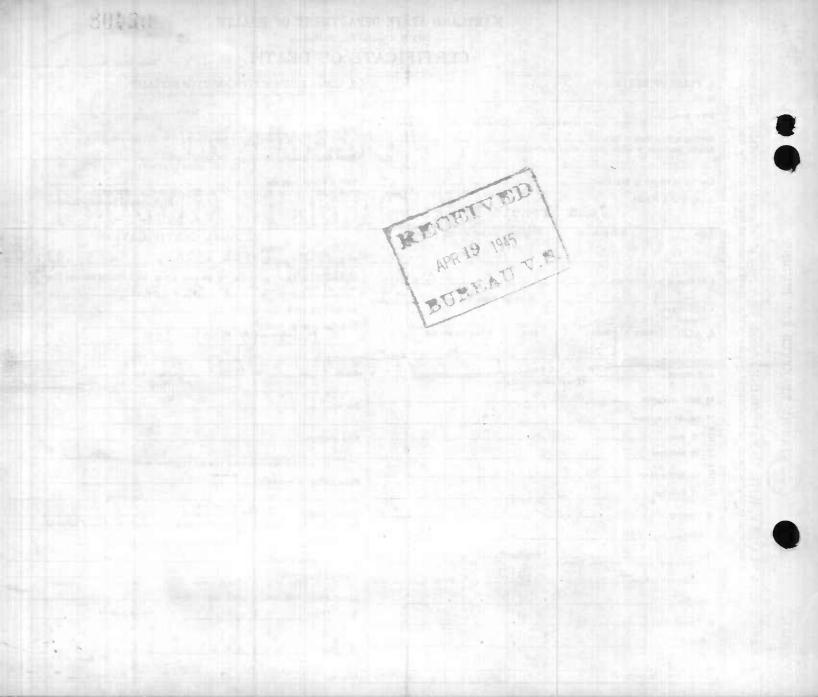
2411 N. Charles St., Baltimore (140)

02407

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF I	DEATH:	Allegany	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
		OWN (Rural) mits, write RURAL and give nearest town)	State	
How long in above pl	ace of death?	4 Hours	City or town. Cumberlan	write RURAL and give nearest town)
Hospital, Institution,	or street address where Celenase Col	death occurred:	Street No. 10. Independer	nce St
	or Institution?		(If rurai, give L 2.(a) If veteran, name war	
3. (a) FULL NA			2.(a) If veteran, name war	
J. (a) POLL INA		Francis Boyle		3. (b) Social Security Number 214-07-2006
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Lale	White	Single	20. DATE DE DEATH March 15th	n., 1945, at 11:20 ^A
6.(b) Name of husba	and or wife	~	21. I CERTIFY that death occurred on the date above	
			19	, to18
7. Sirth date of deceased (mo., da		10 1887	and thet t last saw halive on	19
	ears Months	Days If less than one day	Immediate cause of death	DURATION
57	10	5hrsmin.		
9. Birthplace	Sco	tland county, and atate)	Due to.	
		ouse Employee		
11. Industry or busin		se Corporation	Due to	
		r J. Boyle		
12. Name		otland	Dther conditions	
		Toner	(Include pregnancy within 3 mo	onths of death)
14. Malden nam			Major findings of operations.	
		tland	ma sutangu	
		ance Boyle	Autopsy results. no autopsy PHYSICIAN: Please underline the cause to which	
		ce St, Cumberland, Ld.	22. VIOLENCE: It death was due to external cause	
17Bu	rial	Date thereot 3/19/45 (month) (day) (year)	Accident, suicide, or homicide	
		Patricks Cemetery	Where did injury occur?(City or town)	
		t. Savage, Md.	tnjured at home, farm, industry, public place (wher	
		ian H. Kight	Means of Injury	Injured at work?
Address		rland, Md.	23. SIGNATURE LA	t bruou W. D. M. D. or other
19. 4/17	19. 45	M.G. Vannele Registrar	11 /	yland Date signed 3-15-45
(Date ree u by		VeRistrat	Address Medical Exa	miner = Allegary 59



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93:0

02408

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Solution Street St	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. 3.3.4 (If rural give LOCATION) 2.(a) If veteran, name war.
11.10-1	Brown 3. (b) Social Security Number
4. Sex 5. Color of race (6.(a) Single, married, whowed, or divorced Himse Mile Midning 8.(b) Name of husband or wite Annual Barry	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 9. Birthplace (Town, county, and state)	Immediate carrie of death Due to. In the transfer of death Due to.
10. Usual occupation	Bue to
14. Malden name Ann Ing Indah. 15. Birthplace Intermediate Institute Inc. Intermediate Institute Institut	(Include pregnancy within 3 months of death) Major findings of uperations
Address 17. Dale Ihereof. (month) (day) (year) Cemetery or crematory. (continued and continued and	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funerat director LOUS SEIN, Address Constructing 4 0 04 + 10	23. SIGNATURE TO CHEST MED. 26. D. or other,

Registrar

A15 SA

19. May 3.
(Date rec'd by registrar)

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BURBAN 1.E.

2411 N. Charles St., Baltimore 157-R)

02409

CERTIFICATE OF DEATH

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			1/
R	eg.	Dist.	No

CERTITIOA	Reg. Diat. No.
1. PLACE OF DEATH: County 4/10054	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. The Add Charge Ser Land Bareman's 1744 (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 3 24 4 5 Hospital, Institution, or street address where death occurred: Bare 72 2 2 2 4	City or town Ciff outside city or town limits, write RURAL and give nearest town) Street No. Down 3 Hold
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME George Walter Bun	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5:19/6	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.45 21 2/20 P. N
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Sirth dato of deceased (mo., day, yr.) Morch 14, 1945 8. AGE: Years Months Days It less than one day	and that I last saw halivo on
9. Birthplace Gueste / Soud, Allegony, Md.	Due to.
Town, county, and state	Duo to
11. Industry or business 12. Name Jahn W. Bunner	Dithor conditions
13. Birtholace Red Creek, W.Vo.	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment John W. Bringer	Autopsy results.
Address Bowwas addle	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof May (9 19 19 19 19 19 19 19 19 19 19 19 19 19	Accident, suicide, or homicida
Cemetery or crematory Philos Cometery Location Western Port, Md;	Where did injury occur?
18. Funeral director At Gold of Land	Means of injury Injured at work?
19. March 19.19 45 Winter R. Grantz, M. D. (Date ree'd by registrar)	23. SIGNATURE M. D. or other M. D. or other M. D. or other
(Date rec'd by registrar) Registrar	Addrésse Signed La La Signed La

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-8)



CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF D		eganv		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
	A 2 7	. 3		State Manyland County Allegany		
City or town(I	f outside city or town l	imits, write R	URAL and give nearest town)			
How long in above pia	ice of death?	43 a 1	ears	City or town Cumber lar	its, write RURAL and give near	est town)
	or street address where			10 December St		
***************************************	10. Decatu	ir st	***************************************		ve LOCATION)	********************
How long in hospital	or Institution?	••••••		2.(a) If veteran, name war		*******
3. (a) FULL NA	ME				3. (b) Social Security N	umber
	Frank	Lee Ca	rl		220-03-7759	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL (CERTIFICATION	
Tale	White		Married .	20. DATE OF DEATH. Mul	20 1945	5750 M
6.(b) Name of husbar	nd or wife	rearet	Carl	21. I CERTIFY that death occurred on the date e	bove stated; that I attended deceas	ed from
7. Birth date of		6.(6	e) If alive, give age <u>65</u> yea	rs Buch	8.77, to	19.7
deceased (mo., da)	, yr.) May 11 1	1871		and that I last saw ham alive on		
8. AGE: Yes		Days	If less than one day	Immediate cause of death		DURATION
73	10	9	hrs ml			odes
Hon	cock Wesh	neton	1	— ·····	1:13	
9. Birthplace.	(Town,	county, and s	Co, Maryland	Due to Classical Surface	link.	/ gran
10. Usual occupation	Ed	litor				
	cumberla			Due to		***************************************
the state of the s	A 2 =	ım A. C		-	117	
E	*****************************			Other conditions	- Address	1-7-
		lancock		(Include pregnancy within 8	8 months of death)	
E 14. Malden nam	Ann	le Spre	nkle	Major findings of operations		
14. Maiden nam 15. Birthplace	Lebani	ion Pa		Major Rudings of operations.		
	Lrs. Fran	ık Lee	Carl	Antopsy results.		
			berland, Md.	PHYSICIAN: Please underline the cause to		
D 9	- 3			22. VIOLENCE: If death was due to external ca	auses, fill in the following:	
(Burial, crematic	on, or removal. Which?)	Date there	of 3/22/45 (month) (day) (year)	Accident, suicide, or homicide	Date of	***************************************
Cemetery or crema	tory. Rose	Hill C	emetery	Where did injury occur?(City or town)	(Connty)	State
			d.			
1B. Funeral director.	William	H. Kie	ht	Meane of Injury	Injured et work?	
	Cumberla			Tal	6/1	1.2
de.		/-	ent The	23. SIGNATURE	7. ((U) M. D. od	other
(Date rec'd by r	egistrar) 19 #5	W.Cou	Registra	Address Am ful	1 Date signed	P



02411

2411 N. Charles St., Baltimore 9403

CERTIFICATE OF DEATH

Reg. Diat. No.

			-				
1. PLACE OF DEA	ATH:	Allegany		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
2)	Own, Cuml	berland /	Cural AL and give nearest town)	State Lary Land Cou	Allegany		
City or town(If or	utside city or town	limits, write RURA	AL and give nearest town)		Λ		
low long in above place	of death?	20. Y	Cears P1	City or town Near Cumber Land (If ontside city or town limits			
Hospital, Institution, or Rt 4 2	street address where	death occurred:	PI	Street No. Rt. 1. 2.		, rke	
		7	ike	(If rural, give	LOCATION)		
				2.(a) If veteran, name war	r		
B. (a) FULL NAME		Lall Wa	a Alinea		3. (b) Social Security	y Number	
			yes Clinger	man	214-058-43	8	
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White		Married	20. DATE OF DEATH March 5th.	45	. 2.30P	
		Whode Cl	1 m 000 mm 20 m				
3.(b) Name of husband o				21. I CERTIFY that death occurred on the date abo			
7. Birth date of	***************************************	6.(e) If	allve, give age	years 19			
deceased (mo., day, yr	.) 00	ctober 24	, 1894	and that I last saw halive on			
8. AGE: Years	Months	Days I	f less than one day	Immediate cause of death			
50	4	11.	hrs,		+42.44	0.00	
Ant	ome a Po	Podford	Country			0000	
). Birthplace	(Town,	, county, and state	County	Due to		***************************************	
10. Usual occupation	Servio	ce Statai	on				
11. Industry or business	(fn c	soline		Due to	••••••		
			1		***************************************	••••	
		800		Other conditions	***************************************		
≤ 13. Birthplace		emas, Pa		(Include pregnancy within 3 n	nonths of death)	****	
14. Malden name	lare	aret Craw	Tord	Major findings of operations			
H 14. Malden name		Artemas,	Pa.				
	Irs. L.	H. Clinge:	rman				
	2. Cumber			PHYSICIAN: Please underline the cause to wh			
				22. VIOLENCE: If death was due to external cau	ses, fill in the following;		
17. Buris (Buris), cremation,	or removal. Which?	Date thereof	(month) (day) (year)	Accident, suicide, or homicide	Date of	***************************************	
			netery			***************************************	
Location	Arten	as, ra.					
18. Funeral director	Will	liam H. K	ight	Meens of Injury	Injured et work?		
Address	Cun	mberland,	Id.		. 0-		
That i		. 1:	001	23. SIGNATURE DANS	H. Driv	ON Mil	
19. Date rec'd by regi	19 45	- Wenter	T. Osans, h		ryland. "."	3-6-45	
(Date rec d by reg	strar)		/ Regn	strar 19 Address	Date signed	Cane Da	

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REMARIA 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934)

CERTIFICATE OF DEATH

Re

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eg.	Dist.	No.	T.

02412

1. PLACE OF WEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Milyany	(For newborn infants give residence of mother)			
City or town (If outside city or town limits, write RURAL and give nearest town)	State My yand County July 1			
How long in above place of death? 40 2300	City or town			
Hospital, instilution, or street address where death occurred:	222			
223 limmylmond are	Street No. (12 rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
mae 6 6 mm	11/61 Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Homele White married	20. DATE DE DEATH MARCH 14 19. 46 at 5-52 MM			
Edalia tomaialas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(6) Name of husband or wife CACALE COLLARS	21.1 dentity that death occurred on the date above stated, that I alreaded deceased from			
7. Birth date of	13 1/1-			
deceased (mo., day, yr.) 1872	and that I last saw harmalive on 19,700			
8. AGE: Years Months Days If less than one day	Immediate constrol death DURATION			
72hrsmin,	Merioteros 5- Jis			
	- Myosarditis 2-yrs			
9. Birthplace	Due to.			
11	array proboss			
10. Usual occupation.	Due to.			
11. Industry or business				
12 Name Charles One Kingse	Dither conditions.			
13. Birthplace				
	(Include pregnancy within 8 months of desth)			
14. Maiden name Ellen Elars 15. Birthplace	Major findings of operations.			
15. Birthplace	- Date of op.			
11 / man and				
18. Informant	Antopsy results			
Address Comberland	22. VIOLENCE: If death was due to external causes, fill in the following:			
17 Brief Date thereof Prof 17 45				
(Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory. Italkensk Com	Where did injury occur?			
Location A Lamabertand	Injured at home, farm, industry, public place (where?)			
18. Funeral director dans Steria One	Means of Injury Injured at work?			
Address Inn health I	of & turns			
man 1 1 With the to man	23. SIGNATURE M. D. or other			
(Date ree'd by registrar) (Date ree'd by registrar) (Registrar)	1 2 - Soutand 3/1-1/15			

MAR 20 1945 BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167)

02413

CERTIFICATE OF DEATH

		CERTITION	IL OF DEAT	111	Reg. Diat. No	
1. PLACE OF DEA		egany	2. USUAL RESIDEN	ICE (HOME) OF	DECEASED:	
City or town(1f o	outside city or town	erland limits, write RURAL and give nearest town)	State Manyland County Allagany City or town Cutsherland (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or	Alle	gany Hospital			d Hotel	
		6 days	2.(a) If veteran, name wa	Γ	***************************************	***********
3. (a) FULL NAME	E	Frank Darby			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	1	MEDICAL CE	RTIFICATION	
Male	Whi te	Widowed	2D. DATE OF DEATH		0 19 45	9;47P
			3-24-	Y 5 19	stated; the lattended dec	-415
7. Birth date of deceased (mo., day, y	70h	4-1871	and that I last saw h	alive on	30-45	t9
8. AGE: Years		Days It less than one day	Immediate canel of death My Saldies			6 days
74	7 . 50			<u> </u>		
9. Birthplace	ort Mo	t, South Caroling	Due to Branchish Incumoniali			
10. Usual occupation		t Apent	***************************************	Cata	0 0 \$ 0 0 8 0 0 0 0 8 0 0 8 0 0 10 0 \$ 0 9 \$ 0 0 1 0 9 \$ 0 0 1 0 9 \$ 0 8 0 0 8 0 9 \$ 0 8 0 9 8 0 9 8 0 9	***************************************
11. Industry or business		oad. W.M.R.R.	Due to			***************************************
		n Darby	Dther Sporting 872	ste The	luni	20040
13. Birthplace	5	. C.	(include pregnancy within 3 months of death)			
14. Malden name 15. Birthplace	Unkn	own	1		onths of death)	
					Date of op	
16. Interment	B. Darb	4				
Address Cr	anford,	New Jersey			h death should be charged	statistically.
17. Buria (Burial, cremation.	or removal. Which	Date thereof. April 3 1945	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide			
		ford Cemetary	Where did injury occur? (City or town) (Connty) (State)			
LocationC	ranfo	d. n.J.			re?)	
18. Funeral director	Louis	Stein, 9nc.	Means of Injury		tojured at work?	
Address Co	m berlan	nd, md.		> Mu	when !	nald
19. April (Date rec'd by reg	/, 19.45	Winter R. Frantz M. Registrar	23. STERATURE	Rond		or other 3-38-46

APR 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-0) CEDTIFICATE OF DEATH

02414

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city er tewn limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State County City or town (If outside city or town timbs, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Temple White married	2D. DATE DF DEATH
6.(c) Name of husband or wife 6.(c) It alive, give age 7. 7. Birth date of deceased (mo., day, yr.)	march 26 1945 10 march 2/ 1945
8. AGE: Years Boths Days lifess than one day Helps than one day	Immediae cause of death DURATION Carchio Vascular renal devore 6 mg Carchiol apopley devore 1 day
9. Birthplace (Town, county, and etate) 10. Usual occupation	Due to
11. Industry or business 12. Name 13. Birthplace	Other conditions Hypur feurein 6 mg. (Include pregnancy within 3 menths of death)
14. Malden name Susanne Retalies	Major findings of operations. Date of op.
Address Wastern and Man	Autopsy results
17. Baic thereof March 3 (Burish, cremation, or removal. Which) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Recident, suicide, or homicide
Location Resterns	Where did injury occur? (City or town) (County) (State) Injured at home, farm, integry, public place (where?) Means of injury Jajured at work?
Address Hesternfood, Ind.	Too SIGNATING P. Korman Reever, M. D
19. Mars. 2 2 18 45 Glorymbaker M (Date rec'd by registrar) Registrar	M. D. or other

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APR 5 1945

BUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 10	10	(F)	. 10	
- 1	9 6m			, Κ

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lewborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number

J. (a) FULL NAME			
	William	Hayes	Dibert

MEDICAL CERTIFICATION March 14th..

4 6.0	1 6	Dalananana	1.0/->011		
4.29	5.	Color or race	6.(a)Singi	le, married, widowed, or di	vorced
hal		11/1	(2		
risue	_ //	Invie	m	arrive	
		11.	0	1	
6.(6) Name of h	usband or w	ic Urs	re h	Marile:	
		0			
7. Birth date of	• • • • • • • • • • • • • • • • • • • •	0 1		c) If alive, give age	years
deceased (mo	day we l	hale	19	1800	
	/	Jorry	//	1077	
8. AGE:	Years (Months	Days	117ess than one day	
	145	7	1.5	hrs.	min.
	73	-	1/3		ти.
a mintrologo		,		and	
9. Birthplace		(Town	, county, and	state)	
		1.1	Althoras and a second	11	
1D. Usual occup	etion	Mark	all the	muye	
44 Andreadon on I	huningan			0	
11. Industry or I	Dustriess	Me	71	1	
12. Name	XIm	///	dist	ess	
TY			0		
	ice	0	-1	v.,	-
H 14. Maiden	1	maan		21/10-1	
工 14. Maiden	usme	district of the	Surface . Tomas		

ı	21. 1 CERTIFF That death occurred on the date above stated; that I attended deceased	trom
ı		
I	and that I last saw he allow an	

DURATION Occlusion Coronery

(Include pregnancy within 3 months of death)

Autopsy results no autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Means of injury

Where did Injury occur?

(City or town) Injured at home, tarm, Industry, public place (where?)

Cumberland, Maryland

WRITE PLAINLY, is especially

RECEIVED WAR 20 1945

MARYLAND STATE DEPARTMENT OF HEALTH

02416

2411 N. Char	lea St., Baltimore 93-c) 02416
CERTIFICAT	~
1. PLACE OF DEATH: County or town ((If outside city or town timits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rollena S. Barna	and Duckworth 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MANCH 5, 21 11:30
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Hirth date of decoesed (mo., day, yr.)	and that I last saw h. 24 alive on 3 - 5 - 19
8. AGE: Years Months Days It less than one day 79 4 25	Immediate cause of death DURATION Chronic Myrch Sits Duration & Penkinson
9. Birthplace (Town, county, and state)	Due to Rheumatism. Quy
11. Industry or business	Due Io
12. Name Manager Manager 13. Birthplaco Mark Robert 13. Birthplaco	Other conditions
14. Malden name Parrey 6. Spoars	Major findings of operations
16. Interment man Dullary Buckworth	Antopsy results
17 Bute thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Thills	Where did injury occur?
18. Funeral director Marsh Death	Means of Injury Injured at work?
19. May 8 19 40 Olan Waker M (Date reed by registrar) (Date reed by registrar)	33, SIGHATURE M. D. or other M. D. or other 3, 7-45

A15

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APR 5 1945

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

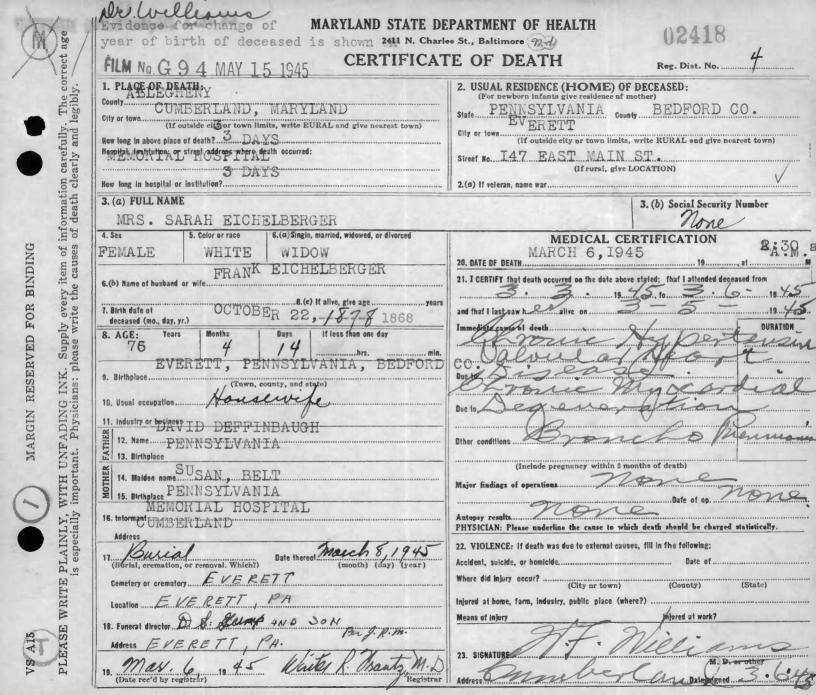
CERTIFICATE OF DEATH

	ACS. Dist. No. ammigramminis		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Cond aller		
City or town	2 74		
How long to above place of death?	City or town		
Hospital, Institution, or etreet address where death occurred:	Street No.		
The standard of the standard o	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Susan B. Nuss	non		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
- w wedned	20. DATE DE DEATH MANCH 14 1945, at 7, 197. M		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended doceased from		
	March 8, 18 4 5, 10, March 13, 19 4 5.		
7. Birth date of Obsel. 9 9	and that I last eaw had be allive on		
deceaeed (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	Immediate cause of death Heart attacks DURATION		
0. 10. 0			
6 0 28min.			
9. Birthplace. (Town Jeounty, and state)	Due to		
10. Usual occupation.			
	Due to		
11. Industry or businees			
	Other conditions		
	(Iuclude pregnancy within 3 moutha of death)		
14. Maiden name May 6. Change	Major findings of operations.		
15. Birthpiace m			
16. Informant Assoc Uf Chowe	Autopsy results.		
Address Cumberland ma Rente	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Buil Date thereof Man 17-194	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) [Bate thereof (month) (day) (year)	and the state of t		
Cemetery or crematorys	Where did injury occur? (City or town) (County) (State)		
Location Garage Co.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of Injury Injured et work?		
1 / h. H. w	2 1 1/ 1/10 0, 4 (0) 10 · + +		
Address Fallburg fl	23. SIGNATURE AN A. Co. Statlens (B. Ule Ule assistants)		
19.3-17 19.45 Mus- Xauey X. Nos	Address 1676 Manu St. Bate signed 3/1/1/45		
(Date rec'd by registrar) Registrar	Aggress		

MARTIAND SIATE DEPARTMENT OF MARTINE

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BUFFAU V.S.



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MAR 14 1945

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

02419

			4
Reg.	Dist.	No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County acceptant	State Lund County Bedford
City or town (If outside city or town limits, water RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city of fown limits, write RURAL and give nearest town)
Hospital, institution, or street address where death ogcurred:	
Memorial Haspital	(If rural, give LOCATION)
How leng in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME	
S.(d) POLE NAME	3. (b) Social Security Number
Carvara devoro Ol	leath lone
4. Sax 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
temale white married	20 DATE DE DEATH March 13 145 11A
80:11.	20. DATE DE DEATH
6 (b) Name of husband or wife. Clefal newso()	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Millan Cellistt B.(c) If alive, give age 72 years	1940, 10 May 13 1845
7. Birth date of deceased (mo., day, yr.) May 10, 1875.	and that I last saw h A alive on man 19 45
8. AGE: Years Months Days If less than one day	Immediate cause of destination DURATION
10 10 2	JEALS Welliting 5-7/
69 1/0 0 hrsmin.	
B. Birthpiace Witemas Delford 10a	Due to.
Stown, county, and state)	\
10. Usual occupation. Adultation	Due to
11. Industry or husiness	
12 Name Bartley Smit	Dther conditions
13. Birthplace Lenna	
E	(Include pregnancy within 8 months of death)
14. Malden name.	Major findings of operations
≥ 15. Birthplace Jenna	Date of op.
16. interment Sheredan Jewis	Autopsy results
h.110-2 10	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Sugare Mills, Ja.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Duriel Date thereof Mar. 16, 1940	Accident, suicide, or homicide
(Burial, cremation, or regional. Which?) (month) (day) (year)	
Cemetery or cremetery	Where did injury occur?
Location & Carring Springs, a	Injured at home, farm, Industry, public place (where?)
De Marile	Means of Injury Injured at work?
18. Funeral director Yawa	
Address Hyndhaw Id.	23. SIGNATURE Stree Cl Joppen Zun
Margh 16 45 Windon R Front M.A.	M. D. or other
(Date rec'd by registrar)	Address AyMana Date signed 3/1 4/K)

THE RESIDENCE OF THE RE RECEIVED HAR 20 1945 BUPBAUV.S. WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

02420

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Pennsylvania County Bedford City or town Hyndman (If outside city or town limits, writs RURAL and give nearest town) Street No. (If rural, give LOCATION)		
Hospital, institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 24 days			
3. (a) FULL NAME Mr. Benjamin E. Emerick	3.(b) Social Security Number 705-10-7827		
4. Sex 5. Celor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH March 5 19. 45 at 6:30P N		
6.(6) Name of husband or wife Mabel Poorbaugh 6.(6) If allve, give age 49 years 7. Birth date of January 28 1894	21. I CERTIFY that death accurred on the date above stated; that tattended deceased from		
7. Birth date of deceased (me., day, yr.) January 28, 1894	and that I last saw h. TM alive on Winch 5 19 #3		
8. AGE: Years Menths Days It tess than ooe day	Immediato cause of death Consumona of 140.		
9. Birthplace Pennsylvania (Town, county, and state) 10. Usual occupation. Telegraph Operator 11. Industry or business B & O Railroad 12. Name Benjamin Emerick	Due to		
13. Birthplace Pennsylvania Sarah Riley Nonth Complian	(Include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace North Carolina 16. Informant Memorial Hospital Address Cumberland, Maryland	Autopay results		
17. Buttial Bate thereot Much 8 1945 (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	22. VIOLENCE: It death was due to external causes, fill in the fellewing; Accident, suicide, er homicide		
Hendenson (ta.	(City or town) (County) (State)		
18. Funerat director/ Harvey Heigher Address Him Aman Ta	Means et Injury tnjured at work?		
19. May 7 19 45 Winter R. Frants M. (Date rec'd by registrar)	23. SIGNATURE. M. D. or other Address. Date signed 3/7/45		

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2411 N. Charles St., Baltimore 1700

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U	4	4	6	3
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CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Mospital, lostitution, or street address where death occurred: Manaulan for street address where death occurred:	Street No. (If rural, give LOCATION)
John Harley Evans	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male Afrite Child	MEDICAL CERTIFICATION 20. Date Df Death Merch 5th., 19 45 at 9:50 P.
8. (6) Name of husband or wife	Immediate cause of death Pulmonary Embolism DURATION 6 hrs.
to. Usual occupation. 11. Industry or business 12. Hame	Due to
to. Birthplace management of the state of th	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (month) (day) (year) Cemetery or crematory (above the control of th	Accident, suicide, or homicide. Where did injury occur? Lonaconing, Allegany, Md. (City or town) (County) (State) Injured at home, tarm, lodustry, public place (where?) highway Means of injury Struck by truck empired at work? no
19. 3-8 (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE W. D. or other Cumberland, Maryland Bate signed 3-6-45.

VS A15

MARGIN RESERVED FOR BINDING

RICCILIS APR 4 1925

PLE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-33

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Not newborn infants give residence of mother)
County Allegary Age	State mandand County Allenany
(If outside city or town limits, write RURAL and give nearest town)	Canno Merland
How long in above place of death?	(If ontside sity of town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. 14 CAM SA
How long is hospital or institution?	(If rural, give LOCATION)
3.(a) FULL NAME	2.(a) If veteran, name war
Gorgie and I	ields 2. (b) Social Security Number
4. Sex 5. Color race 8 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Homale Whote Granud	20. DATE OF DEATH Sarch 9 19 45 at 15
6.(b) Name of husband or wife Itman & Guldo.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	June 19 4 10 4 10 lear 9 19 19 45
7. Birth date of	and that I last saw ber allye on the saw ber allyed on the saw ber all saw be all saw ber all sa
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
	13 res Dyra
4-4 —hrsml	- de la constantina della cons
8. Birthplace (Town, county, and pare)	
10. Usual occupation the sacrafie	
11. Industry or business at Torme.	900 10
	Other cooditions.
12. Name John Danham:	
	(Include pregnancy within 3 months of death)
d 1	Major findings of operations.
≥ 15. 8irthplace	
18. Informant Transfer G Tulles	Antopsy results
Address Complehand:	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
14.10	
Cemetery or crematory States Casas.	(Oldy of John)
Location Constitutions.	
18. Funeral director Atomo Stume 9 me	Means of Injury Injured at work?
Address Ammberland &	a land fund
Address Connterfered	23. SIGNATURE

RECEDIVED MAR 20, 1915 BUREAU V. S. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

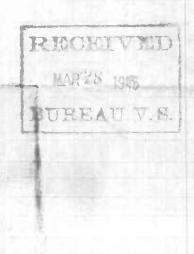
2411 N. Charles St., Baltimore (275)

CERTIFICATE OF DEATH

02423

	Diat.		11.
Reg.	Dist.	No.	 T

1. PLACE OF D	EATH:	locons		2. USUAL RESIDENCE (HOME) (For newborn Infants give residence) OF DECEASED:
County Allegany City or town County Cumberland Rural			Russel-	State Apryland	
City or town	outside city or town	limita write I	URAL and give nearest town)		
How long in above place	se of death?		31. lears	(If outside city or town li	mits, write RURAL and give nearest town)
nospitat, institution, t	bi giteet anniege milete	neath occurre	d: n	Street No. Rt. #1, Kloster	mans Addition
				#	give LOCATION)
	or Institution?	***************************************	**************************************	2.(a) If veteran, name war	
3. (a) FULL NAM		Willia:	m Fishell		3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL	CERTIFICATION
Lale	White		Widower	20. DATE OF DEATH March	21 1945 at 810a 1
	d or wife		y Fishell	21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. (c) If alive, give ageyear	S.	18 45 10 Praich 21 19 45 arch 21 19 45
deceased (mo., day.	yr.)	larch 2	9 1868	Immediate cause of death	
8. AGE: Yea	rs Months	Days	If less than one day		
.76	11	22	hrs min.		
a Sinthalosa	rederick C	o. Vir	ginia	Oue to Roc & Oute	is Selevous
			ginia state)	0.00	
10. Usual occupation.	Retire	d Glas	s Employe	Due to	
11. Industry or busine	ss Welling	ton G1	ass works	and to.	
H 12 Name.	Iss	ac Fis	hell	Other conditions	
13. Birthmace		nknovn			
E				(Include pregnancy within	n 3 months of death)
14. Malden name		nknown		Major findings of operations	
					Date of op
					which death shuuld be charged statistically.
Address] +	1, Box 32	7 Cum	berland. Md.	22. VIOLENCE: If death was due to external	
17 Buri	n, or removal. Which?	Oate ther	eof. 3/23/45 (month) (day) (year)		
			t Cemetery		
					rn) (County) (State)
Location	umbe	rland,			(where?)
18. Funeral director	villian	H. Ki	cht	Means of Injury	Injured at work?
Address	Cumberla			01/201-	
m.		11/-	+ 1 5 + m)	23. SIGNATURE	M. D. or other
19.01/arl	egistrar)	Went	le Carly, Registrar	1 Irr Beallan	1 S/ Date signed 3/21/45
(Date fee d by r	ogistiai)		/ negistrar	Address	Uate Signed



BINDING

FOR

MARGIN RESERVED

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

02424

		4
 Dist	No	7

CERTITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State Mary Qual County Illgany City or town
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wife Constant Conference of husband or wife Constant Conference of Account Conference	2D. DATE DF DEATH 1945 at 4. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 to 1944 and that I last saw have selive on 1944 and that I last saw have selive on 1944 and that I last saw have selive on 1944 and that I last saw have selive on 1944 and 1
8. AGE: Years Months Days If less than one day 13 2 18	Immediate causof death DUBATION Ohne Legisland DUBATION
9. Birthplace	Due fo
11. Industry or business 12. Name Askly Univ. Flora 13. Birthplace West grapice	Dither conditions
14. Maiden name Maria Elizabeth 15. Birthplace Ulls Virginia 16. Informani Emma Colopa	Major findings of operations
Address Gundeland, Md. 17 Busial Date thereof March 14, 1945 (Burial, cremation, or removal, Which?) Complete of cremators Rose Hell Com Complete of Comp	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide
Location Lumbershape The Location Locat	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
19 Merch 14, 1945 Winter R. Tranty, M.D. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE DE MULLIAMON M. D. or other Address 49 Green St Date signed 3.14-45

RECEAUTED
MAR 20 1945
BUREAUTER

PLEA8E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

02425

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County allegany
City or town. (If outside gity or town limits, write RURAL and give nearest town)	
How long In above ptace of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred;	Street No. 23 Ce Mark St.
236 Marsh	. (if rural, give LOCATION)
Bow long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME David High	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1/100c 1 11 most 1 11 security	20, DATE OF DEATH 19. 30.9.
6.(b) Name of husband or wife to the though diff	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
yea	18 10 March 8 19 63
7. Birth date of deceased (mo., day, yr.) March 2 2 18 (2 2	and that last saw h alive on
8. AGE: Years Months Bays If less than one day	Immediate cause of death
82 11 16 min	
9. Birthplace (Town, opunty, and state)	Due to
10. Usoal occupation Canpenton	
h/(/w)	Due to
11. Industry or business	Name Bleed 300
13. Birthplace MA Roserul	Dither conditions
14. Malden same not known	(Include pregnancy within 8 months of death) Major findings of operations.
2 15. Birthplace	
16. Informant Wasse Sift	Autopsy results
Address Honthinghard Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A	22_ VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or repoval, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thursday	Where did injury occur?
Location Westernbert Med	Injured al home, farm, Industry, public place (where?)
D. M. D. 11/1	Meaos of Injury Injured at work?
18. Funeral director Manager State of S	Q=0
Address Itestarupolit, ma.	23. SIGNATURE PEBerry MID.
19 March 9 18 th affanilla for M (Date rec'd by registror) Registra	M. D. or other

RECEIVED

APR 5 1945

BUREAUTE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-7 CERTIFICATE OF DEATH

			.1
Reg.	Dist.	No.	 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bothewborn infants give residence of mother)
County Duly Many	
(If outside city or town limits, write RURAL and give nearest town)	State Many County County
How long in above place of death? 80 gra	City or town (If outside city or town imits, write RURAL and give pearest town)
Hospital, institution, or street address where death occurred:	Street No. 214 Desser St.
7/4 Dum 85.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Leron Goodin	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
Homale Mite Indowed	20. DATE OF DEATH BRANCH 3 19 45 21 2 A
8.(6) Name of husband or wife	21. I CERMIT) that death occurred on the date above stated; that I attended deceased from
	June 1 1943 10 Zeearele 3 1945
7. Birth date of	and there last eaw h elive on
8. AGE: Years Months Day It less than one day	Immediate cause of death
dA K OT	Chracie my desidely
/9 / /hrsmin	à descréprisation
9. Birthelace	Due to.
10. Usual occupation Indiana Page 10.	
10-7	Dus to
11. Industry or business	-
12. Name DILA .	Other conditions
# 14. Malden name.	(Include pregnancy within 3 months of death)
D D	Major fiedings of operations
El 15. Birthplace	- Date of op.
16. Informant Landing Landing	Autopsy results.
Address Conferficiand	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brisial Date thereof Franch 6 45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or remoyal, Whiteh?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremajory 222	Where did injury occur?
Location Constitutions:	Injured at home, tarm, industry, public place (where?)
18. Funeral director of the state of the sta	Means of injury injured at work?
	00/
Address Complexiqued DX +	23. SIGNATURE The IX, Kgeen in O.
19. March 6 1845 Willer K. Srantz M. Registrat	Book As a black M. D. or other Alice

MAR 14 1945
BUREAU V.S.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bay

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- 1	L)		4	4	1

Reg.

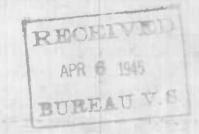
				Name of Street,
CERTIFI	CATE	OF	DE	ATH

		4
Diat.	No	 /

.. Date signed 3/3

I. PLACE OF DEATH: County Rliegan 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland county Allegany	
(If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death gccurred:	Street No. 108 Karns Ave.	
108 Karns Owe	(If rural, give LOCATION)	
Now long In hospitat or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Mathilda Hamilton 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	Itore	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W. W.	20. DATE OF DEATH March 30 1945 21 640 P N	
B.(b) Name of husband or wife Harvey Hamilton	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from March 30 19	
7. Birth date of	her Ward 70	
deceased (mo., day, yr.) Aug 31 1878	and that I last saw in alive on March 30 19.45 Immediate cause of death Cerebral hemorrhage DURATION	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
66 6 30nrsmin.		
9. Birthplace Comberland Allegany, Maryland (Town, county, and state)	Due to Arteriosclerosis	
10. Usual occupation Housewife	***************************************	
	Due to	
11. Industry or business		
12. Name Christopher Nott 13. Birthplace Comberland, Md.	Diher conditions	
13. Birthplace Comberland, Md.	(Include pregnancy within 3 months of death)	
14. Maiden name Bernadine Rebe 15. Birthplace Germany	(Include pregnancy within 3 months of death) Major findings of operations.	
\$ 15. Birthplace germany	Date of op.	
16. Informant John H. Hamitton	Antopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 108 Karns Aup. Comberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;	
17	Accident, suicide, or homicide	
Cemetery or crematory Streter & Paul Cem.	Where did injury occur?	
Location Comberland, Md,	Injured at home, farm, industry, public place (where?)	
18. Funeral director Louis Stein, Inc.	Means of Injury Injured at work?	
Address Cumberland, Md.	Delaster	
Abril 1. 45 Whites & Thout mit	23, SIGNATURE. M. D. or other	
(Date rec'd by registrar)	Address 127 Bed fra St. Date signed 3/3/195	

Registrar Address 127 Beller



PLEASE

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEDTIFICATE OF DEATH

02428

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CERTIFICA	IE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town Hmits, write RURAL and give nearest town) Street No. (H rural, give LOCATION) 2.(a) If veteran, name war.
V	
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH March 13 1945 21 4 5
6.(b) Name of husband or wife of lysses Command	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (me., day, yr.) 224 2, mg/l 869	and that I last saw h. 2 Lative on
8. AGE: Years Months Days It less than one day 75 3 12	Immediate cause of death OURATION 48 hr
9. Birthplace (Town, county, and state)	Oue to
10. Usual occopation.	Oue to
11. Industry or business 12. Name	Other conditions.
	(Include pregnancy within 3 mouths of death)
14. Maiden name Company Cerry 15. Birthplace Cerry Care De De Company De De Cerry Care De De De Cerry Care De De De De Cerry Care De	Major findings of operations
16. Informani Mrs Was Arabola	Antopsy results
Address 82 Bouchay	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Oate thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location To The gray of the state of the sta	injured at home, farm, Industry, public place (where?) Meaos of injury Injured at work?
18. Funeral director.	meaus or injury injured at work?
Address Trestling, Mai	23. SIGNATURE A La Austral Try M.D. or other
19. 3-16. 1945 Null Hawley & Registrar Registrar	Address Frot House mo Date signed 8/15/14



Physicians: pl

PLAINLY, V is especially

1. PLACE OF DEATH:

Now long in above place of death?.....

Hospital, Institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

CERTIFICATE OF DEATH

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: of mother)
State V. V.S.	county Lorgan
City or town Great Cacapo	itu, write RURAL and give nearest town)

City or	town Great Ca
Street	No
	(14)

2.(a) If veteran, name war..... 3. (b) Social Security Number

> 212-10-8543 MEDICAL CERTIFICATION

	ILLEGARY I			
How long in hospital or	Institution?		ays	
3. (a) FULL NAME				
	Bernard	Harden	1	
4. Sex	5. Color or race		le, married, widowed, or divorc	ed
lale	White		Larried	
6.(b) Name of husband o	r wifePea	ırl Hai	rden	
			(c) If elive, give age37	yeare
7. Birth date of deceased (mo., day, yr.				
8. AGE: Years	Months	Days	If less than one day	
38	11	15	hrs	mln.
9. Birtholace Grea	at Cacapor	l More	an Co. W. Va	. 8
10. Usual occupation		Tracki	NELIA	
11. Industry or business				
12. Name	Willia		Harden	
13. Birthplace	Great		on, W. Va.	
14. Maiden name	Leota V	J. Dycl	<u>1e</u>	
15. Birthplace	Great Ca	capon.	W. Va.	
16. Informant	Mrs. Ber	nard	Tarden	
Address	Great Ca	capon	W. Va.	
17Bt	rial	Date the	eof 3/29/45 (month) (day) (year)
Cemetery or crematory	Nebo	Cemet	ery	
Location	Ordean	s. W.	Va.	*************
1B. Funeral director	W.D. I	Parks		
Address	Berkeley S	pring	7. W. Va.	
19 May Date rec'd by regi	29 19.45 (stylet)	- Wu	iter & Osant	Registrar

Allegany

(If outside city or town limits, write RURAL and give nearest town)

Days

Cumberland

20. DATE OF DEATH	mar	27	1945	ey/2 a.
21.12 EATIFY that dea	ath pocurred on the da	ale above stated;	that attended dead	asset from
end that I last saw h	emalive on	near	- 26	19. 7.
Immediate cause of		/		DURATION
Chr	onie.	Keph	ulio	1 year
Due to	•••••			***************************************
Due to	***************************************	400000000000000000000000000000000000000		• • • • • • • • • • • • • • • • • • •
Other conditions			••••••	
(Incl	ude pregnancy with	hin 3 months of	death)	
Major findings of ope	rations			
*********************			Date of op	

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at home, farm, Industry, public place (where?)

tnlured at work?

22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide,..... Where did injury occur?(City or town)

Meaos of injury

ASE

APR 4 1945 BUREAU V.S.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

dome & c	e stown		2411 N. Charl	EPARTMENT OF HEALTH os St., Baltimore (1480)	02430	
Mo			CERTIFICAT	TE OF DEATH	Reg. Dist. No	T
1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
	egany	****************	***************************************	State Maryland Cour		
City or town. (If or	utside city or town lin	nita, write F	URAL and give nearest town)			
How long in above place Hospital, institution, or			**************************************	City or town Cumberland (if outside city or town limits.		
			•••••	Street No. 823 La Fayette Av	LOCATION)	***************************************
			ay	2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Special Security 1	(umber
Mrs. H	dith (Hard	v) Ha	re		Mare	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	M	arried	20. DATE OF DEATH 3/23/45	10	at 5:05 A
	Thoms	s Har	3	21. I/CERTIFY that death occurred go, the date about		
				Mercal 8 19	too Merch	123 1945
7. Oirth date of	Feb.	25	e) it alive, give ageyears	and that I last saw have alive on	ruch 23	194J
deceased (mo., day, years		Days	I tiless than one day	Immediate cause of dead	5	OURATION
21	0	26		ffreg		7.10
	I.Va.			Guerperal Eder		1 clay
9. Girthplace	(Town, c	ounty, and	itate)	Child Form march 22nd 1845	ion Cumbolands	
10. Usnal occupation	Housew	LIE		Oue to Lerly pulmes	ren glusa	· · · · · · · · · · · · · · · · · · ·
11. Industry or business				Cecleman.		1/09
12. NameRe				Other conditions	••••••	
	W-Va. Cur			(Include pregnancy within 3 m	onths of death)	
14. Maiden name 15. Birthplace	Bertie	Grim	es	Major findings of operations		*****
15. Birthplace	Lonaconin	ng, M	d.			
16. InformantMr.	Thomas	Hare		Autopsy results		
Address 823	Lafavette	a Ave	. Cumberland . Mc	PHYSICIAN: Please underline the cause to whi		tatistically.
			eotMar. 26,1945 (month) (day) (year)	22. VIOLENCE: It death was due to external caus		
	or removal. Which?)			Accident, suicide, or homicide		*********************
			al Cem.	Where did injury occur?(City or town)		(State)
Location			Md.	injured at home, tarm, industry, public place (wh		
18. Funeral director	Charles	L.	George	Means of injury	Injured at work?	
Address	Cumber	land.	Md.	MISBO	uren	-
man	26 1945	Mhin	to O Monto m.	23. SIGNATURE.	Cue M. D. o	r other
(Date rec'd by reg	ristrar) 19./	· UM	Registrar	Address DOC	Date signed	4741

DANS OF STATE OF ANTHONY OF STATE RECEIVED APR 4 1945 BUREAU V.E. . Comments of

	James .	
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1	G	r
	- College	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02431

CERTIFICA	TE OF DEATH Reg. Dist. No. 4		
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary land County Allegany		
ow long in above place of death?	City or town		
1601 Frond ave	Street No. 16.01 FORD AYE, (If rural, give LOCATION)		
low tong In hospital or institution?	2.(a) It veteran, name war		
Edward Ronald Han	3. (b) Social Security Number		
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5:79/6	MEDICAL CERTIFICATION		
, , , , , , ,	20. DATE OF DEATH MAKE 1 3.0 19 45 at 3:45A		
(b) Name of husband or wife	and that t last saw h		
3. AGE: Years Months Days It less than one day	Immediate cause of death Duration DURATION DURATION		
9. Birthplace Cumber 6 er / and allegany Co, M	d Due to Whorf Comple Dung		
ID. Usuat occupation	Due to		
12. Name Tames E. Hore 13. Birthplace Comberland, Md.	- Dther conditions		
14. Maiden name Opal Wolford	(Include pregnancy within 8 months of death)		
15. Birthplace Higgins ville, W. Va.	Major findings of operations. Date of op.		
Address denships Es Stace	Antopsy results		
7. Burial, cremation, or removal. Which?) Bate thereof. Horris, (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Cemetery or crematory 2001 116 116 116 116 116 116 116 116 116	Accident, suicide, or homicide		
Location Cusa Lagrage Lated	tnjured at home, farm, industry, public place (where?)		
18. Fuoerat director for figure of the first	Means of injury Injured at work?		
Address Ciffee Gerffered	23. SIGNATURE. M. D. or other		

(Date rec'd by registrar)

RIVELVED APR 4 1915 BUREAU V.S.

ADING INK. Supply every item of information carefully. The corpect Physicians: please write the causes of death clearly and legibly.

VRITE PLAINLY, WITH CAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

CERTIFICATE OF DEATH

02432 eg. Diat. No.

County (For newborn infigits give residence of mother) State County Counting of the Relation of County City or lown (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? (If outside city or town kinits, write RURAL, and give nearest town) Row long in hospital or institution, or sireal address where death occurries: Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits, write RURAL, and give nearest town) Street Ro. (If outside city or town kinits and give nearest town) Street Ro. (If outside city or town kinits) Street Ro. (If outside cit		
County from the county of the	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
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(If costable of the core of the limits, write RURAL and give nearest town) from long in above place of dealth? Street Ro. (If costable of the core of the limits, write RURAL, and give nearest town) from long in above place of dealth? Street Ro. (If costable of the core of the limits of the	City or lowe Like	State Day County Allegany
Street No. City or town bushand or wife. Scolar or race Scolar or	(If outside city or town limits, write RURAL and give nearest town)	
Sirest No. (If Furth, give Location) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (c) Social Security Number 4. Sex S. Color or race S. (c) Sange, warded, widoped, or divorced 3. (d) Social Security Number 4. Sex S. Color or race S. (c) Sange, warded, widoped, or divorced 3. (d) Social Security Number 4. Sex S. Color or race S. (d) Sange, warded, widoped, or divorced 3. (e) Name of husband or wife 8. (f) Furth, give age, years 9. Birth date of death of death occurred on the data gays pfairet: that This and of death occurred on the data gays pfairet: that This and deceased (one, day, yr.) 9. Birthplace 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Burnsplace 13. Burnsplace 14. Maiden name. 15. Burnsplace 16. Sirbsplace 17. Which is a company of the second of death of the death of th	How long in above place of death?	(If outside city of town kimits, write BURAL and give nearest town)
tiew long in hospital or institution? 2.(a) If retiran, name was: 3. (b) Social Security Number 2.(b) Single, Warded, or diversed 3. (c) FULL NAME 3. (d) Social Security Number 2. (a) If retiran, name was: 3. (d) Social Security Number 2. (a) If retiran, name was: 3. (d) Social Security Number 3. (d) Full Social Security Number 4. (d) Full Social Security Number 4. (d) Full Social Security Number 3. (d) Full Social Security Number 4. (d) Full Social Social Security Number 3. (d) Full Social Social Security Number 4. (E) Full Social Social Social Security Number 4. (E) Full Social Socia	Hospital, Institution, or street address where death occurred:	\ \X_\. \alpha\/
3. (a) FULL NAME 4. Set		
1. Sex S. Golde or race S. Golden or race	How long in hospital or institution?	2.(a) If veteran, name war
1. Sex S. Golde or race S. Golden or race	3. (a) FULL NAME	3 (b) Social Security Number
Semals Multi Sunday Semals Multi Sunday Semals Multi Sunday Semand or wife	mildred Clinabeth	Nastes 216-01-3076
2 DERTIFY and death occurred on the date garge protect: that Description and considering the control of the con	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 DERTIFY and death occurred on the date garge protect: that Description and considering the control of the con	Francis White Kinds	manal 3 115- 3'100
1. Birth date of deceased (mo. day, yr.) 9. Birthplace. 10. Usual occupation. 11. Industry or busingss 12. Kame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Birth date of deceased (mo. day, yr.) 18. Birthplace. 19. Birthplace. 11. Industry or busingss 11. Industry or busingss 12. Kame. 13. Birthplace 14. Maiden name. 15. Birthplace. 16. Informant. 17. Birthplace. 18. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 11. Informant. 12. Fueral director. 13. Birthplace. 14. Maiden name. 15. Informant. 16. Informant. 17. Birthplace. 18. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 11. Informant. 12. Fueral director. 13. Birthplace. 14. Maiden name. 15. Informant. 16. Informant. 17. Birthplace. 18. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 10. Usual occupation. 11. Informant. 12. Fueral director. 13. Birthplace. 14. Maiden name. 15. Birthplace. 16. Informant. 17. Birthplace. 18. Birthplace. 19. Birthplace. 10. Usual occupation. 10. Usual occupation. 11. Industry or business of operations. 12. Violence of death. 13. Birthplace. 14. Maiden name. 15. Birthplace. 15. Birthplace. 16. Informant. 17. Birthplace. 18. Birthplace. 19. Birthplace. 10. Birthplace. 10. Birthplace. 10. Birthplace. 11. Industry or business of death. 12. Accident, surface. 18. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 19. Birthplace. 10. Birthplace. 10. Birthplace. 10. Birthplace. 11. B	Terraine: Terraine:	
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Birthplace	7. Birth date of	and that I last saw h
Birthplace		Immediate cause of death DURATION
9. Birthplace	8. AGE: Years Months Days If less than one day	10:
Due to D	34 / 19hrsmln	
Due to D	L'ha alle - mel	1 Car Seamer & Course
Due to	9. Birthplace	Duy 10
11. Industry or business 12. Name 13. Birthplace 14. Maiden name (Include pregnancy within 8 months of death) Major fiodings of operations (Include pregnancy within 8 months of death) Major fiodings of operations Major fiodings of operations (Include pregnancy within 8 months of death) Major fiodings of operations Date of op. Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? Address 23. Signature 23. Signature Ma. D. or Johns M. D. or Johns		6.1.1
12. Name	1111 24614 21 0.	Bue to College
13. Birthplace 14. Malden name	11. Industry or business	_
14. Malden name	# 12. Name Madde 16 April alla	Other pondiligns.
15. Birthplace 15. Birthplace 16. Informant 17. Maiden name 18. Informant 19. Major fieldings of operations 10. Maj	\$ 13. Birthplace Wilmington, Delawan	e Carlennolose
15. Informant Date of op.	El Clemates Hacerles.	(Include pregnancy within 8 months of death)
Address Address 17. (Burial, cremation, or removal. Waich?) Cemetery or crematory Location Location Address Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Jupry Address 23. Signature 23. Signature 23. Signature 23. Signature 23. Signature 24. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Jupry Address M. D. or other	T 14. Malden name	Major fiedings of operations.
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Address PHYS1CIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Which?) Cemetery or crematory. Cemetery or crematory. Location Location Location Address PHYS1CIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Merce did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Minderess Minder	16 Interment Mr. (Gasles & Naslis	Acienty results
Date thereof	4 6 12 6	
Accident, suicide, or homicide	Address CROS MA	22 VIOLENCE. If death was due to external causes fill to the following:
Cemetery or crematory. Location	17 Dulied Date thereof Marchalls	₽ B
Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Means of July Address	(Burial, cremation, or removal. Which?) (month) (day) (year)	
Injured at home, farm, Industry, public place (where?) Injured at home, farm, Industry, public place (where?) Means of July Address Ad	Cemetery or crematory	Where did injury occur?
18. Funeral director. Address Newtonia Start St	Location We story back mil	
Address Next in Sept Mile 23. SIGNATURE area It Clother M. D. or other M. D. Or o	De De	
m. 11 1 - Olem Asa by Rock M. D. or Drock	18. Funeral director	1/1/0/1/0
m. 11 1 - Olem Asa by Rock M. D. or Drock	Address I establish Mil	and the state of
19. Marches 45 Wagnivaper	m starte R. I'm	23. SIGNATURE
Determine the second se	19. Marche 18 45 Off Taymosper 11.	Jan Jan Jan Street

APR 5 1945 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 19-7

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02433

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland	State Maryland County Allegany
(If outside city or town limits, write RURAL and give nearest town)	thinh and and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street additions where death occurred:	Street No. 250 N. Mechanic St.
75/ n. mulhame	(If rural, gige LOCATION)
New long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frank Himmler	none.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Narriced	0.50
Male white Warrick	20. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that does no occurred on the date above stated; that I attended deceased from
7. Birth date of	March 187 19 45 10 Kent 30 1945
	and that I last saw h alive ou have 25
deceased (mo., day, yr.) 8. AGE: Years Months Days (files than one day	Immediate cause of death
1511 2	pulmonar wheelen wan year
7 3 16min.	
8. Birthplace Combenhand Ind.	Due to
(Town, county, and state)	
10. Usuat occupation Massle to Work	Que 1a
f1. Industry or business	
	Other conditions.
12. Name Hossy The Millian Line 13. Birthplace 2nd:	
# 90111 G 00	(Include pregnancy within 3 months of death)
E 14. Maidea name All Manager	Major findings of operations.
15. Birthplace A Besonary	Date of op.
16. Informant moderned Eskernade	Autopsy results.
1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address whitestand	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Whichi) Date thereof mayeth (day) (year)	Accident, suicide, or homicide
11 9 1 1 1	A
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location A Commenter Commenter	Injured at home, farm, Industry, public place (where?)
donin Stein 9 ma	Means of Injury Injured at work?
18. Funeral director & Annual States	(11 11. 7)
Addrass monthsland	as cionatiles h / Shing Mol
april 1, 45 Wenter R. Bank M.D.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 3-30-45



A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02434

	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where death occurred: Memorial Hospital Row long in hospital or institution? 1.3 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Maryland County Allegany City of fown Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. Route #1. Box 88 (If rural, give LOCATION) 2.(a) If veteran, name war.
George Lee Hinkle	none
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single	MEDIGAL CERTIFICATION
6.(b) Name of husband or wife	20. DATE OF DEATH
8. AGE: Years Months Days It less than one day 79 3 20 hrs. min. 9. Birthplace Maryland County, avg state) Farmer	My ocancial Deadhoraton Hiteriosclerosis Due to
11. Industry or business 12. Name Leonard Hinkle 13. Birthplace Maryland	Other condition Dengary within 3 months of death)
15. Birthplace Maryland	Major findings of operations. Date of op. 3 -26-45
Address Cumb erland, Maryland	Antopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory. Tiele Control (day) (year) Location Country of Control (day) (year) 18. Funeral director. The Country of Count	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or homicide

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APR 6 1945

BUREAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (81-2)

02435

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
3. (a) FULL NAME Masy Sex 1 S. Color or race	3. (b) Social Security Number
France M. Single, married, widowed, or divorced Widoward. **Transaction** **Transaction**	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION
8. AGE: Years Months Days If less than one day 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
14. Malden name Acces Llevelleges 15. Birthplace 18. Interment Mine Mand Houch	Major findings of operations
Address Address Date thereof May 31 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Localion 18. Funeral director Address Localine Address Localine Address	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide
19. 3-30 1944 Demisea MD emit Registrar	Address. M. D. or other Date signed 3-29-194

APR 7 1945
BUSF 4 TO 16

19.6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02436

CERTIFICATE OF DEATH

				A MONAY BEGINENOR (TYORKE) OF DEGI	ACED	
1. PLACE OF DEATH: County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECI (For newborn infants give residence of mother)	EASEU:	
				State Mervland County	Allegeny	
			JRAL and give nearest town)			
				City or town. Cumherland (if outside city or town limits, write		
Hospital, Institution, or				Street No. 638 Washington S		
				(If rural, give LOCAT		
		.Lays				
3. (a) FULL NAME				3. (b) Social Security Number	r
	Mary M Hud	lson			one	
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL CERTI	FICATION	
Female	White	Si	ngle	20. DATE OF DEATH March 24.	19.45at1	:00P
R (b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above states	i: that I attended deceased from	n
			If alive, give ageyear	19	. 10	19 4
7. Birth date of	To 2-00	uary 8		and that I last saw harmalive on	. 74	
8. AGE: Years		Days	tf less than one day	Immediate cause of death Museum		DURATION
72	111111111111111111111111111111111111111	16			, !	
					3	med
9. Birthplace	Ve Wi	lliams	port ate)	Due to My or 12t -		, w
			d Murse	Due to rephif-		1
	79.795			Due to.		/
11. Industry or busines:	Thomas a	ing Si	UA.			
12. Name		***************************************	***************************************	Other conditions		
13. 9irthplace Culpepper, Va.				(Include pregnancy within 3 months	of death)	
된 14. Malden name.	Larth	a Fulk	***************************************	Major findings of operations		***********
14. Maiden name	Broadwa			major madings of operations.		
1	rs Agnes I		es	Antony remits		
to. mornion.				PHYSICIAN: Please underline the cause to which des	th should be charged statistic	ally.
Address 538.	wasningto		Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill	in the following:	
17 Burial	or removal, Which?)	Date there	3/27/45 (month) (day) (year)	Accident, suicide, or homicide		
(Durini, Cremation	yHi	ll Cres	t Cemetery	Where did injury occur?(City or town)		
Cometery or cremato	Cambon	nnd	3	injured at home, farm, industry, public place (where?).		
Location	oundel.1	Lection 100	d. •	••	injured at work?	
18. Funeral director	willi	nu II	Kight	Means of Injury	injured of north	
Address Cumberland, Md.,				That A Trans)	
6		111-	to It I m	23. SIGNATURE	M. D. or othe	1
19. Nan	27 19 45	Wan	UK: Vany, 111	Combilar her		20/7

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46.0)

CERTIFICATE OF DEATH

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Reg.	Dis	t. N	lo.	<i>T</i>

		,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Allegary	(For newborn infants give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State Danyland County Clerk	eng
How long in above place of dealh?	City or town transferred	V
How long in above place of death?	City or town (If outside city or town limits, write RURAL) and gi	ve nearest town)
allegany Hospital	Street No. 4 JO niceanos	Jr.
How long to hospital or Institution?	(If rural, give LOCATION)	
3. (g) FULL NAME	2.(a) If veteran, name war.	
1/0 1/1 · 1/1	3. (b) Social Secu	rity Number
Jenry Christophe	Vyde . 712-18	-1307
5. Color or race 6.(a) Single, married, widowed. divorced	MEDICAL CERTIFICATION	
male Mate Madried.	Branch 21	KC M
The state of the s	20. OATE OF DEATH 19	Z
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I atlended	
5.(c) If allve, give age	years 2-23-45 19 to 3-2	1-4219
7. Birth date of deceased (mo., day, yr.) Ana 12 18,59	and that I last saw h. im. alive on 3-21-45	19
8. AGE: Years Months Days It tess than one day	Immediate cause of death	
6-00	Carcinoma sigmoid	6 mo.
83 / 9hrs.	min.	
9. Birthplace allfondria Vs.		
(Town, county, and state)	Intestinal obstruction	2 wks.
10. Usual occupation	Bue to.	
11. Industry or business		
12. Name Christoffer Tayde	Dther conditions	
13. Birthplace		
H Un 1	(Include pregnancy within 3 months of death)	
14. Maiden name. Inknown.	Major findings of operations.	*******************************
≥ 15. Birthplace	Bate of on	
16. Interment It after Itude.	Antopsy results.	
1 101	PHYSICIAN: Please underline the cause to which death should be che	
Address motherland	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)		20
W	Where did lakery occur?	
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location Cayon tor land.	injured at home, farm, industry, public plea (where?)	
18. Funeral director Amo Stein Dac	Means of injury legiured at work?	
	00	11
Address Cenaltholand	23. SIGNATURE Musulma	un es
10001 24 145 Minter & tranto or	7.4D	D, or other
(Date rec'd by registrar)	trar Address Cumberland, Md. Date st	med 3-22-45



DR. JACOBSON DR. WILSON

1 PLACE OF DEATH ..

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-8

02438

CERTIFICATE OF DEATH

Reg. Dist. No.....

County	(For newborn infants give residence of mother) State MARYLAND County ALLEGANY City or town BARTON (If outside city or town limits, write RURAL and give nearest town) Street No. (If rnral, give LOCATION) 2.(a) If reteran, name war.
MR. WILLIAM H. HYDE	none
4. Sex MALE 5. Color or race 6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION MARCH 2, 1945 20. DATE OF DEATH
6.(b) Name of husband or wife DAISY HYDE 7. Sirth date of deceased (mo., day, yr.) JULY 30, 190 > 41	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from MAR 19.45. and that I last saw h 1 m alivo on MAR 19.45. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 42 7	Oue to Inferters and Taxami ? ?
10. Usual occupation MERCHANT 11. Industry or business WILLIAM HYDE 12. Name MARYLAND 13. Birthplace	Other conditions Mitral Josephini ?? Myocardul Alleria ??
14. Malden name SARAH KIRKPATRICK 15. Birthplace MARYLAND MEMORIAL HOSPITAL 16. Informant CUMBERLAND, MD.	Major findings of operatious
Address 17. [Burial, eremation, or removal. Which?] Cemetery or crematory Location Location 18. Funeral director Address Address Address	22. VIOLENCE: If death was due to external causes, fill In the following: Accident, suicide, or homicide
19. March 7, 19.4 & Winter R. Trants M. J. (Date rec'd by registrar)	Address 1-8 Life M. D. or other Dale signed 3/2/4/

MAR 6 1945
BUREAU V.S.

manufacture of the second second

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8350

CERTIFICATE OF DEATH

02439

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manufactured County allegans
(if outside city or town limits, write RURAL and give nearest town)	The state of the s
How long in above place of death?	(if of take (if of take city or town limits, write RURAL and give nearest town)
	Streef No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie Stevens Jellies	
4. Ser 5. Color or race 6.(a) Single, married, widowed, or/diverced	MEDICAL CERTIFICATION
Female Strite Indowed	20. DATE DE DEATH TRANSLIS. 13/25 9 A.
6.(b) Name of husband or wife Alm A Strick	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 1 years	Mch. 8 19.45, 10 buch 13 19.45
7. Birth date of deceased (mo., day, yr.) Obril 19 1878	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
66.10 24hrsmin.	- Chelian flowshap
9. Birthplace midland, alleganifor Md.	Due to
(Town, county, and state) 1D. Usual occupation Advantage of the state	
11. Industry or business On Ma Lagrana	Due to
12. Name Sannal Stavens 13. 6irthplace Unknown	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Wikmown 15. Birthplace England	Major findings of operations.
2) 15. Birthplace England	
16. Informant All All Conference of the All	Autopsy results
Address Hidland, Wha	-22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Cllggann Classetting	Where did injury occur?
Location & watther al Did.	Injured at home, farm, Industry, public place (where?)
18. Funeral director An Esthery	Means of Injury Injured at work?
Address Longroning Mo.	11 9-11-1
mark 1 45 Ar S. O. C. Colo	23. SIGNATURE M. D. Cycher
(Date rec'd by registrar)	Address Laman and Address Date signed Ruch 15 46

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APR 6 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg.	Dist.	No.	*******	7

	43.3	Par Dist No. 9	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside give nown limits write RORAL and give neares town) Street No. 2.9 (If rurst, give LOCATION) 2.(a) if veteran, name war.		
3. (a) FULL NAME C. Keller		3. (b) Social Security Number	
Teurs White married	20, DATE OF DEATH March 2	17	
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	re stated; that I attended deceased from 4/ to March 26 19 45 19 45 DURATION GYS. Contact of death)	
Address 17. Burial, cremation, or removal. Which?) Cemetery or cremafory	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(Connty) (State)	
	CERTIFICAT 1. PLACE OF DEATH: County. City or town. (Profisable city or town lifetia, wide RERAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME 4. Sax 5. Color or face 6. (a) Single, married, widowed, or divorced Touch of the shand or wife 8. (b) Name of husband or wife 1. Birth dafe of deceased (mo., day, yr.) 8. AGE: Years Mofins Days If less than one day 11. Industry or business 12. Name (Toyn, county, and sake) 13. Birthplace 14. Maiden namesy (A. Married) 15. Birthplace 16. Informant Address 17. Birthplace 18. Informant Address 19. Informant Address 10. Informant Address 11. Informant Address 12. Barthplace 13. Birthplace 14. Maiden namesy (A. Married) 15. Birthplace 16. Informant Address 17. December or cremafory Location 18. Funeral director.	County or town. City or county. Control or geals. City or town. City or county. Control or geals. Control or gea	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.6)

02441

CERTIFICAT	E OF DEATH Reg. Dist. No	**********
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewboan infants give residence of mother) State County (If outside city or town limits, wrije RURAL and give nearest tow Street No. 3. (If rural, give LOCATION)	7n)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.	************
maneta d. Melle	3. (b) Social Security Number 217-18-55	
4. Set 5. Color office 6.(a) Single, married, wildowed, or divorced Hemale Colored Hemale He	20. DATE OF DEATH	12.
6.(c) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of	and that I last saw h. Sailve on A sales.	19 2
8. AGE: Years Months Days It less than one day	Immediate cause of death 01	PRATIGN
9. Birthplace Johnstown Jannseylvania (Town, county, and state)	Due to	ys.
11. Industry or business Jornes Claule Corp. Employee	Bue to	
12. Name I alter III	Other conditions	
14. Malden name / State & Stat	(Include pregnancy within 3 months of death) Major findings of operations.	**********
16. Informant Halson Edwards.	Autopsy results	affy.
17. (Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?)
18. Funeral director Atmin Term One	Means of Injury Injury Injury Injured at work?	
Address Granderfund	23. SIGNATURE MSBOWEN	1
19. Mary 12, 19.45 Quiter & Iranta M. (Date rec'd by registrar)	Address 33/4 Cure Date signed 3/	10/4

VS A15

PLEASE

MARGIN RESERVED FOR BINDING

R MCHAVED MR 20 1945 BULEAU V.S. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

02442

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ollagan	(For newborn infants giva residence of mother)
City or town Cumber Cond.	State County Classes County
(If ontsida city or town limits, writa RURAL and give nearest town)	City or town Cumberland O.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Quenarial Hospital	Street No. 767 Md. are
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Franklin Sulver	ster Kennell 705-09-5520
4. Sex 5. Color or race 6.(a) Single, married, widowed, or file reed	MEDICAL CERTIFICATION
male white Widowell	
The water waster	20. DATE OF DEATH MAN 2 4 25 +4 19 +5 at 3:40 P. M
8.(6) Name of husband or wife marge Ellen Hulzell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	Mar. 20, 1945, 10 allar. 25, 1945
7. Birth date of	and that I last saw harmalive on Dear - 25 1945
	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Thrombos - When
66 0 10hrsmin.	
9. Birthplace Meyersdale Somerset Co Pa	Due to Sheronic recycondites 6 mm
(Town, county/and state)	
19. Usual occupation Jassenger orducto	Ruo to
11. Industry or business 12 + Q. Carlesoad	Due tv.
12. Name John Kernell	
(1) (1) (1) (1) (1) (1) (1) (1)	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Elia Boone 15. Birthplace Kenn oll Will Pa	Major findings of operations
15. Birthplace Kernello Will To.	Bate of op.
16. Informant Mrs Frances Frances	Autopsy results.
71-7.50.0.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal. Which?), Bate thereof. M. A	Accident, suicide, or homicide,
Cemetery or crematory Helenest Cemeter	Where did injury occur?
Our land	
Location	Jojured at home, farm, industry, public place (where?)
18. Funeral director of the Harden	Means of Injury Injured at work?
Address Cumal Calculation and	and Lucia
m = = 11 + 10 + +m	X3. SIGNATURE M. D. or other
19. Mar D / 19 To Wealls K. Thank, M.	P. Carebaland 3/12/6/45
(Date rec'd by registrar)	II Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09/1/2

んせせひ	17
Diat. No.	2

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Johanna / mercen	
Female Thite Married.	MEDICAL CERTIFICATION 20. BATE OF DEATH MINEL 4 19.45 at 10:15 M
6.(6) Name of husband or wife. I do G. G. Jones State Comments of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45
7. Birth date of	and that I last saw h. C. r. alive on 3 - 4 19.45
deceased (mo., day, yr.)	Immediato cause of death Clisonic myo carditis 10 yrs.
9. Birthplace It of frank allegany Co Md. (Town, county, and state)	Bue to attenta - Sclerolio 10 yrs.
10. Usual occupation	Due to Distretta melletres
12. Name Wan Akell	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Fix chucc Joseph dt. 15. Birthplace Germanad	Major findings of operations.
16. Informant Alex Robert Llewellys	Autopsy results.
Address 10 Continual it Frontburg Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bate thereof Mass 7 (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Adding any Cumpilers	Where did injury occur?
Location Transtitung Mand	Injured at home, farm, industry, public place (where?)
19. Funeral director and a late to the file	Means of Injury Injured at work?
Address Frostling Hod	23. SIGNATURE A.C. Dield, M.D.
19. 3-5 19. 45 Mus Hawy N. Roe Registrar	Address Frostlung, Ma. Bate signed 3/5/45

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THE IN TO THE WAR AND A STATE OF THE STATE O

APR 4 1945 FUREAU V.S. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d

02444

CERTIFICATE OF DEATH

Q

1. PLACE OF DEATH: County County Frostburg (If ontside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or fown Frostburg (If outside city or town limits, write RURAL and give nearest town) 11 High St., (If rural, give LOCATION)	
How long in above place of death? All her life Hospital, Institution, or street address where death occurred: 11 High St.		
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME SUSAN E. KNIERIEM	3. (b) Social Security Number	
Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH MAN 2 19.45 at 10.00 N	
6.(b) Name of husband or wife Conrad Knieriem 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 19. to May 2 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
### deceased (mo., day, yr.)	Immediate cardeol death Duration Christian Myseusches grace	
9. Birthplace Frostburg, Allegany, Maryland (Town, county, and state) 10. Usual occupation. housewife	Due to	
11. Industry or business 12. Name	Dther conditions	
Henrietta Conrad, 14. Maiden name Henrietta Conrad, 15. Birthplace Frostburg, Md.	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Rachel Knieriem, Address Frostburg Md.	Antopsy results	
Burial Barel Date thereof March 5, 1945 (Burial, cremation, or removal, Which?) Date thereof March 5, 1945	Accident, suicide, or homicide	
Cemetery or crematory Allegany Cemetery.	Where did injury occur?	
Location Frostburg Md.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
18. Funeral director J. J. Durst, Address Prostburg, Md.	In Amet San	
19. 3-3 19. 45 Mus. Maney & Rogertar Registrar	23. SIGNATURE JAM. D. or other Address Java Louis Java Louis Java Louis	

APR 4 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27-c

OFFICIAL OF PERMIT

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Reg. Dist. No	y

11111111111			CERTIFICA	TE OF DEATH	Reg. Dist. No	
How long in above place of Hospital, Institution, or a Cresar	Allege Cresaptov tiside city or town lin of death?	nits, write F	URAL and give nearest town)	Cresaptown (If outside city or town limits, write RURAL and give nearest town)		rest town)
	Je	ames :	Edwin Kubes 2r	ıd.	None	
4. Sex Male	5. Color or race White	6.(a)Singl	e, married, widowed, or divorced Single		. CERTIFICATION	, at
7. Birth date of	Ti _ b	6.(c) If alive, give ageyea	March 2.3	10 45 10 March	sed from 3/ 18 45
deceased (mo., day, yr.	Months	Days	I J I less than one day	Immediate cause of death		DURATION
4	1	7	hrs. ml	Dysentary)	
9. Birthplace	Cumber (Town, c		, Md .	Due to.		
1D. Usual occupation		•••••••		Due to		***************************************
13. Birthplace	W. Va.			Dither conditions		
14. Maiden name	Hope Mo	Brid	<u> </u>	Major findings of operations.		
15. Birthpiace	W. Va.			Major Radings of operations.		
			······	Autopsy results		
Address Cresaptown, Md. 17. Burial Date thereot Apr. 2, 1945 (month) (ddy) (year) Cemetery or crematory. HillCrest Burial Park		22. VIOLENCE: It death was due to external causes, fill in the following; Accident, sulcide, or homicide				
Location	Near Cu	umber	land, Md.	Injured at home, farm, Industry, public plac	e (where?)	998 *****
			George	Manua of Injury	Injured at work?	
Address	Cumber	Land	With t	23. SIGNATURE JBack	y Gunter	other
19. (Date rec'd by reg	2 19 45" istrar)	FIN	Registra	Address.	Date signed	

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MAY 3 1945 BUREAU V.S. APR 7 1945 BUREAU V.S.

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HEARING OF BEATH

APR 4 1945
BUREAU V.S.

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VS A15

LARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

02448

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: 1000 dtd and de	2. USUAD RESIDENCE (HOME) OF DECEASED:
County	(For rewborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	state Perma County Laford
(If outside city or town limits, write RURAL and give nearest town)	City or town Hyndman Reesal.
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
nuspitel, institution, or street address where death eccurred.	Street Ne.
	(if rurai, givo LOCATION)
How long in hespital er institution?	2.(a) It veteran, name war
3. (a) FULL NAME Sarah Ellen Corley Le	egding 3. (b) Social Security Number
4. Sex 5. Color er race 6.(a)Single, married, widowed, or diverged	MEDICAL CERTIFICATION
Temale white widowed	20. DATE OF DEATH MENON 13 th 1945, at 10-30 Pm
wentield boot founding	21. I CERTIFY that death eccurred on the date above stated; that I attended decreased from
6.(b) Name of husband or wife white a company of husband or wife white a company of husband or wife white wh	3 - 19.45 jo Marson 13.45.
7. Birth date et	and that I last saw h. LA. alive on IMassack 13 74 1945
deceased (mo., day, yr.) / W. 2, 1868	
8. AGE: Years Months Days It less than one day	Immediate sense of death OURATION
76nrsmin.	Cesepral Benoving 5 months
9. Birthplace Manns Choice ND. Belford Pa.	Due to Typer lending
(Town, county, and state)	
10. Usual eccupation. Aousewife	Oue to
11. Industry or business	946 (4
12. Name James Corley	
	Other conditions
	(Include pregnancy within 3 mouths of death)
14. Malden name. Mary Alerman 15. Birthplace Pa	
15. Birthplace	Major findings of operations.
D 6. A 72.11	Qate of ep
16. Informant	Autopsy results
Address Ellerslie, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bevial Date thereof Mar 18, 1945	22. VIOLENCE: It death was due te external causes, fill in the tollowing;
(Burial, eremation, or removal. Which?) Date thereof. (Month) (day) (year)	Accident, suicide, er homicide
Cometer or cometers Liborar Ceruters	Where did Injury eccur?
Lecation Hypadinani Perral, Desford Co. 1a.	Injured at heme, farm, Industry, public place (where?)
18. Funeral director Hawey I Teeples	Means of Injury Injured at work?
	(M1/1/2)
Address Hyndman Lg.	23. SIGNATURE /// DYCLU
marde 17 145 Like Walle	M. D. or other
(Dute rec'd by registrar) Registrar	Address Chelly Jung Date signed 3-17-45

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APR 7 1945

3. (b) Social Security Number

CERTIFICATE OF DEATH

2.(a) It veleran, name war.....

How long in hospital or institution?.

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.) 8. AGE:

10. Usual occupation. 11, industry or business

12. Name. 13. Birthplace

14. Malden name 15. Birthplace

18. Funeral director

MEDICAL CERTIFICATION

(Include pregnancy within 8 months of death)

Major findings of operations.....

22. VIOLENCE: If death was due to external causes, till in the tollowing;

Accident, suicide, or homicide.....

Where did injury occur?

Injured at home, farm, industry, public place (where?)

injured at work? Means of Injury

M. D. or other

PHYSICIAN: Please nuderline the cause to which death should be charged statistically.

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information carefully of death clearly and

of

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PLAINLY, V

WRITE

1. PLACE OF I

Row long in above pla Hospital, Institution. OFFICE TO PROSTULATION STATE STATISTICS

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02450

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Ollegany		
City or town (If outside city or town limits, write RURAL and give nearest town)	State W. Va County Muneral	
[[[[] [[] [[] [] [] [] [] [] [] [] [] []	City or town (If outside city or townlimits, write RURAL and give nearest town)	••••
How long in above place of death?	(If outside city or to whitmits, write ROKAL and give nearest town)	
W. Maryland K. K. Tracks	Street No	****
	N. Carlotte and Ca	/
How long in hospital or institution?	2.(a) I1 veleran, name war	K
3.(a) FULL NAME Charles albert 7	Mc abee 3. (b) Social Security Number	
Charles of	1214-05-92k	62
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white married		_A
made to made moderate	20. DATE OF DEATH March 14 19 45 at 6:4	N
8. (b) Name of husband or wife Virginia My. Beatty	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth daie of	and that I last saw halive on	
deceased (mo., day, yr.) aug 19, 1884	Immediate cause of death DURATIO	
8. AGE: Years Months Oays If less than one day	Coronary Occlusion	
60 6 25hrsmia.		
0 1		*********
9. Birthplace Bunswick (Town, county and style)	Due to	
10. Usozi occopation Box Builder		00000000
0 1 0 1 12 . 0.	Oue 10	
11. Industry or bosiness Cumplelland Box .		
12 Name Jock Mc abel	Other conditions	
\$ 13. Birtiplace Sandy Hook wa.		
E E THOY B	(Include pregnancy within 3 months of death)	
14. Malden name Edith Wy Jond 15. Birthplace Weaverton Wa.	Major findings of operations.	
2 15. Birthplace Weaverton Ma.	Date of op.	
16. informant Mrs John Hull	Antopsy results. NO autopsy	
mall and a least.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 29 Wals St - Curut,	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 David Date thereof May 17 1945	Accident, suicide, or homicide	*****
(Burial, cremation, or removal. Which?) (month) (day)/(year)		
Cemetery or crematory Walslawn Cemelly	Where did injury occur?(City or town) (County) (State)	
Location Rivesville W. Va	injured at home, farm, industry, public place (where?)	
Onl O Flater	Means of Injury Injured at work?	
18. Funeral director		
Address Chuberland Wd.	Parior H BM LATE W	0.
Man 11 45 Minter Ptract MID	23. SIGNATURE LILLO H. BOLLAU W. D. or other	
19. (Date rec'd by registrar) (Date rec'd by registrar)	Umberland, Marvland, 3-15-1	45
(Date fee d by Logisters)	Address Date signed	रका

Deputy

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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (4)

CEDTIFICATE OF DEATH

02451

CERTIFICAT	E OF DEATH	Reg. Diat. No)
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF Consumer of the second	F DECEASED:	
City or town	10	nty Alla an	14
How long in above place of death? Hospital, institution, or street address where death appurred:	City or town	, write RURAL and give near	rest town)
Douglas arenus	Street No. (If rural, give	LOCATION)	***************************************
How long in hospital or institution?	2.(a) If veteran, name war		***************************************
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or diversed	rck	3. (b) Social Security I	Number
Female Shite Married	MEDICAL CE 20. BATE OF DEATH MARCH	ERTIFICATION 19 19 19	H12
8.(b) Name of husband or wife	CERTIFY that death occurred on the date abou	re stated; that I attended decea	sed from
7. Birth date of 6.(c) If alive, give age	and that I last saw h alive on Mus	1	1945
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	uncul	DURATION /
66 3 3 min.	general accase	ue	6 110.
9. Birthplace (Town, county, and atage)	Due No Drabates Mell		3 1/2 40
11. Industry or business Ocean American	Due to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E 12. Name Desarris Preston	Dther cooditions		000000000000000000000000000000000000000
X 13. Birthplace Agaskannan	(Include pregnancy within 8 m	onthe of death)	
14. Maiden name Sarah Poland 15. Birthplace Surknown	Major findings of operations		***************************************
18. Informant Parks III Standard	Antopsy results	••••••	••••••
Address Lynaconing, Md.	PHYSICIAN: Please underline the cause to whi		tatistically.
(Burial, cremation, or rehadal, Which?)	Accident, suicide, or homicide	Date of	
Cemetery or crematory The Manager Constitution	Where did injury occur?(City or town)		(State)
Location Discount discount of the Commission of	trijured at home, farm, tridustry, public ptace (wh Means of injury	ere?)	**************************
Address A active MA	1. 5.8	The	
Mach 20 19 45 Dr. S. D. Gr. Registrar	23. SIGNATURE V.V.	M. D. or	120/45

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02452

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn infanta give-residency of mother) State County City or town (If outside city or town pents, write RURAL and give nearest cown) Street No. 3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cecclia Ema The	Kenzil 3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, wildowed, or divorced Finals Market Practice 6.(b) Name of husband or wife. Jan. A. M. Kurngil	MEDICAL CERTIFICATION 20. DATE DF DEATH 19.45 at 3 Am 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of deceased (mo., day, yr.) Mark 75 /88 7 8. AGE: Years Months Days It less than one day hrs	and that I last saw h allve on 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to. Chroni nephot 7900
11. Industry or business 12. Name. 11. Industry or Dusiness 13. Birthplace	Oue to. Oue Sulding. Other conditions Letting in Chali
14. Maiden name Array Can Bratto	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Joseph A. Inc. / Kingse	Autopsy results
(Burial, cremation, or removal, Which) Genetery or crematory, School (Burial, Company)	Accident, suicide, or homicide
Location	Injured at home, farm, industry, public place (where?)
Address Annual director Address Address	23 SIGNATURE. That. A Kow.
19. Mar. J. 19 45 Winter K. Trants M. Contered by registrar	Address Succeptional Test Date signed 3/20/40

RECELVED MAR 28 1945 BUREA

A THE TOTAL

11 W12

(If outside city or tow

5. Color or race WHITE

FRA

AUG

Months

HOUSE

1. PLACE OF DEATH:

How long in above ptace of death?..... Hospital, Institution, or street, address wh

How long in hospital or institution?.....

MRS WILHELMINA

6.(b) Name of husband or wife.....

MD.

(Burial, cremation, or removal, Whi

Cemetery or crematory

(Date rec'd by registran

f8. Funeral director.

3. (a) FULL NAME

7. Birth date of

8. AGE:

53

deceased (mo., day, yr.)

9. Birthptace.....

fO. Usual occupation 11. Industry or business

f4. Maiden na 15. Birthplace f4. Maiden name......

f6. Informant. Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //24 2

02453

CERTIFICAT	TE OF DEATH	Reg. Dist. No	4
LEGANY	2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:	
UMBERLAND n limits, write RURAL and give nearest town)	State MARYLAND County ALLEGANY City or town CUMBERLAND 20 Pouts Hard MASS light write RURAL and give nearest town)		
are death fortured: pital DAYS DAYS	Street No	give LOCATION)	**********************
McMULLCN		3. (b) Social Security	Number
6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
MARRIED	20, DATE OF DEATH. Marc		410A M
NK McMullen	21. I CERTIFY that death occurred on the dat		
UST 30, /89/	and that I last saw harmanive on	200-15	19 4 5
Days If less/than one day / 6 hrsmin.	Immediate case of death	leokolisi. 1 Line	GURATION
vn, conuty, aud state) NIFE	Due to		1000-
Scotlick			
JEFFR #CS SCOTIAND	(Include pregnancy with		
IAL HOSPITAL	Autopsy results		************
Date thereo Max 15 1945 (month) (day) (year)	22. VIOLENCE: If death was due to extern	Date of	
rosing Ind.	Where did Injury occur?(City or to Injured at home, farm, industry, public place		
in I day	Means of Injury	Injured at work?	
ernou			

23. SIGNATURE

Registrar

tem of information carefully. The causes of death clearly and legibly BINDING item ADING INK. Supply every i Physicians: please write the FOR MARGIN RESERVED important. PLAINLY, is especially WRITE ASE PLE/

The correct age

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BUREAU V.S.

MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

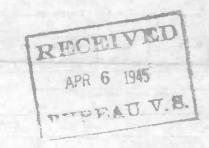
24 CERTIFICATE OF DEATH

11	N.	Charles	St.,	Baltimore	(930)
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02454

			-
Reg	Dist	No	8

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por newborn infants/give residence of mother)
County	State All AND State County County
City or town (12 outside city or town limits, write RURAL said give nearest town)	1 San a miliere
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and pive nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
now long in nospital or unwiththous	. 2.(a) If veterah, frame war
3. (a) FULL NAME Pobert To Aneerback	3. (b) Social Security Number
4. Sex 6.(a) Slegie, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Shite Married	20 DATE OF DEATH March 1st 1845 at 8 A.
Espie matthews	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nuspand or wife	Description of the date above stated; that i strength deceased from
7. Birth date of 4 1 770	and that I last saw ham alive on hands I at
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Moeths Days It less than one day	Chilia Denn Lage
66 S hrsmin	
8. Birthplace Janton (Town, coopty, and state)	Due to
10. Usual occupation Marsh Himmerman	
11. Industry or business Big Freis Coal Con & Longe	Due to.
	of unit
12. Name Gott all Melstach U	Mer conditions Children Alexander
	(Include pregnancy within 8 months of deuth)
14. Malden name Mary Ruhrsell 15. Birthplace Ruhrmonn	Major findings of operations.
El 15. Birthplace Wyknogov	_ Date of op
16. Informant Malal Color Land	Autopsy results
Address Lonacinin M.S.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
2) 1. A mai It 1611	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of all fully De Millery	Where did injury occur?
Location Dunal Control Dunal C	Injured at home, farm, Industry, public place (where?)
m Sightle	Means of Injury Injured at work?
18. Funeral director	
Address Anuconing, 440	23 SIGNATURE July Ty- Jodgs
March 4 1945 Dr. I. Orn . 7h	M. D. or other
(Date rec'd by registrar) Registrar	



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02455

CERTIFICATE OF DEATH

· · · · · · · · · · · · · · · · · · ·	Reg. Dist. No.
1. PLACE OF SEATH: County Allesany	2. USUAL RESIDENCE (HOME) OF DECEASED: (Est hewborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No. 53.6 Mary Land Oak (If root, give LOCATION)
How long in hospital or institution? 1 mm 3 days.	2.(a) If veteran, name war
3. (a) FULL NAME Grangaset Incis	3. (b) Social Security Number
4. Sex 5. Color or sace (6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH STANDA 16 19 45, at 10 A
6.(b) Name of husband or wife	21. Legarify that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h — alive on — 244 Ch — 6 — 1944 S
8. AGE: Years Months Days If less than one day 4hrs	Immediate cause of death DURATION Chaouis Ruy or a Lili
9. Birthplace Cumles Land Ond (Town, county, and state)	Due to
10. Usoal occopation.	Due to.
11. Industry or business	
E 12. Name Liter messel E 13. Birthplace Demany	Diher conditions Dealite Mellilies
14. Malden name & Ornise Reith 15. Birthplace 15. Birthplace	(Include pregnancy within 3 months of death)
15. Birthplace Surmany	Major findings of operations
16. Informant Imo angusta Smith (6.8)	Autopsy results
Address 137 5 green It marting M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) [But thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Isaaraha Malkery Class	Where did injury occur?
Location p branchestand	Injured at home, farm, industry, public place (where?)
18. Funeral director Armis Attan One	Maans of Injury Injured N work?
Address Comberland	23-SIGNATURE LA Maskews 4
19 May 20, 19 45 Wester R. Franks	M. D. or other Address # 9 Greene At Date signed 3-17-45

BECENTAIN MAR 28 1945

MARYLAND STATE DEPARTMENT OF HEALTH

02456

		urles St., Baltimore 22456		
	CERTIFICA	TE OF DEATH	Reg. Dist. No	4
1. PLACE OF DEATH: County	YS	JOHNSTOWN	CAMBRIA CAMBRIA s, write RURAL and give nea	arcet town)
3.(a) FULL NAME MOLLIE V. MILLER			3. (b) Social Security	Number
FEMALE 5. Color or race 6.(a) Single	married, widowed, or divorced	MEDICAL CI MARCH 15	ERTIFICATION 45	2:20 8
I. Birth date of JAN . 11	LLER) It alive, give ageyear	21. I CENTIFY that death occurred on the date abo	ove stated; that lattended decea	20d trom 19 KV 19 KV
8. AGE: Years Months 0ays 28	It less than one dayhrsmin	Immediate cause of death	2011 a	OURATION 2 Mrs.
9. Birthplace	tate)	Due to	ou chex	
11. Industry or business 12. Hame	<u>.</u>	Other conditions		
14. Maiden name PENNSYLVANIA 15. 9'rthplace MEMORIAL HOSPITA	AT	Major findings of operations.		
Address CUMBERLAND, MD	•	Autopsy results. PHYSICIAN: Please underline the cause to wh	ich death should be charged :	
17. Durish (Burial, cremation, or remove) (Burial, cremation, or remove) (Burial) Cemetery or cremation (Burial) Location Allern (Barek)	(month) (day) (yeur)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)
18. Funeral director Harvey Address Hepndman 19. Pht. 16 18 45 Wint (Date rec'd by registrar)	tes R. Tranty M. A.	23. SIGNATURE	Injured at work? John M. D. o M. D. at signed	- 45 1

VS A15

MARGIN RESERVED FOR BINDING

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MAR 20 1945

BUREAU V.S.

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45

DURATION

HITATONIO BEADONIO

PROBLUES BUREAU VE

2411 N. Charles St., Baltimore (E) CERTIFICATE OF DEATH

L. PLACE OF DEATH: County	M.	MENT OF HEALTH 02458	02458	
City or town (It offside city or town limits, write RURAL and give nearest town) Row long in above piace of death? Rogalial, institution, or street address where death facurosis. Rogalial, institution, or street address where death facurosis. Syrel Ro. (It cutoide city or town limits, write RURAL and give nearest town) Row long in above piace of death? Rogalial, institution, or street address where death facurosis. Syrel Ro. (It cutoide city or town finals, write RURAL Rogalial, institution, or street address where death facurosis. Syrel Ro. (It cutoide city or town finals, write RURAL Rogalial, and the street address of the street address o		(4)	4	
3. (a) FULL NAME A Sex S. Color or race E. (a) Singly, married, widowed, or divorced A. Sex S. Color or race S. Color or race S. Color or race E. (a) Singly, married, widowed, or divorced MEDICAL CERTIFICA 20. Date of Death. 21. I CERTIFY that death occurred on the date above stated; that I conceased (mo., day, yr.) In Birth date of husband or wife. S. Color or race S. Colo	town(If outside city or town limits, write RUR ng in above place of death?	County County (If outside city or town mails, write RURAL and give neares) (If rural, give LOCATION)		
8. (b) Name of husband or wife 5. (c) If alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace		3. (b) Social Security Nu	amber	
19. Birth date of deceased (mo., day, yr.) 8. AGE: Years months Days If less than one day 19. Birthplace	nale Thete Single, m	MEDICAL CERTIFICATION OF DEATH 1945, at	1.1.4	
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be the remainder of the cause to which death should be the remainder of the cause to which death should be the remainder of the cause to which death should be the remainder of the cause to which death should be the cause the cause the cause to which death should be the cause to which death should be the cause	thplace (Town, county, and state dustry or business) 2. Name S. (c) Holder County Additional County Addi	19 T 10 3/3 I last saw h	19. S 19	
Formals (4), Va. Injured at home, farm, Industry, public place (where?)	dress Spring field, W. V. But in J. Bate thereof.	results. IAN: Please underline the cause to which death should be charged sta LENCE: If death was due to external causes, fill in the following: Stanfacture funds: (City of town) (County)	atistically.	
	ross Rouney W. Va.	Injury playing with wealthe injured at work? 2		

MARGIN RESERVED FOR BINDING

RECENT LINE BUREAU NO.

THE REAL PROPERTY AND A STATE OF THE PERSON OF THE PERSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 916

02459

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5/9 (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Chester Allen Morgan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widgyed, or divorced	MEDICAL CERTIFICATION
male white wishowed	2D, DATE DF DEATH. March 16th. 19 45 at 5:15 M
8.(b) Hame of husband or wife Lina Oster	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth dato of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 17	and that I last saw h
6. Birthplace Green tidal allegany to Man (Toys, county, and state) 10. Usual occupation Bayange Cylindrical County (Toys).	Due to
11. Industry or business BAA Co Lachood	Due to
12. Name Samuel C. Maran Samue	Other conditions
14. Maiden name Maria Fallinas W. 15. Birthplace aux Jaw W.	(Include pregnancy within 3 months of death) ——— Major findings of operations. Date of op.
Address Loule 3 - Cumbe land W.	Autopsy results
Bate thereot 20 1945 (Burial, cremation, or removal Which?)	-22. VIOLENCE: 1f death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Season States	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address Address	0
19. March 20 1945 Vente 20 m. J. (Date rec'd by registrar) Registrar	23. SIGNATURE Cumberland, Maryland M. D. or other Cumberland, Maryland Date Signed 3-16-14-5

STAND OF STANDINGS

PECTUVED MARZS 1945 BUREAU W.F.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ko.A.

County	(If outside city of town limits, write RURAL and give nearest town) (If rural, give LOCATION) an, name war
3. (a) FULL NAME David Meal	3. (b) Social Security Number
	MEDICAL CERTIFICATION DEATH
7. Birth date of deceased (mo., day, yr.) 3/20/45 8. AGE: Years Months Days If less than one day	19 40 3 2 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 19 19 19 19 19 19 19 19 19 19 19 19
Exerthere (has)	
11. Industry or business 12. Name and alleganded bloth Bither condition 13. Birthplape rostoure mo	(Include pregnancy within 5 months of death)
16. Informant Annes A Male Autopsy resure PHYSICIAN: Address I vo3 Fury Mu 22 VIOLEN.	s of operations
Cemetery or cremetery	ury occur?
18. Funeral director 2. 1 Alerrat Means of injunction Address That True May 23. SIGNATU 19. 3 - 23 19.45 Pulso Naucy X-Kap.	ptilde Jaurella Try M.D. prostfurs Date signed 7/22/8

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

MARGIN

BY LEGIT TO THE PROPERTY TY ARE ON A STREET

AR 4 1915 BUREAU V.E.

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

CERTIFICATE OF DEATH

09/64

	U	67	U	1	./
eg.	Dist.	No.			4

1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CIMPPRIANI)	State MARYLAND County ALLEG		
City or town. (If outside city or town limits, write RURAL and give mearest town)	CIMPEDIAND		
How long in above place of death? 50 370 3	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 3 ALTAMONT TERRACE		
MEMORIAL HOSPITAL	(If rural, give LOCATION)		
Now long in hospital or tristitution? <u>16 DAYS</u>	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
MR. PERRY A. NICKLIN	270-10-0580		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	2.20 15/16		
MALE WHITE MARRIED	20. DATE OF DEATH 19 T 20, 21 T		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
5. (c) If alive, give age 54 7. Birth date of 00000000000000000000000000000000000	rs 19 45, to 3: 71 19 46		
7. Birth date of	and that I last saw have after on 19.		
deceased (mo., day, yr.) OCT. 19 1880	Immediate fause of death OURATION		
8. AGE: Years Months Oays If less than one day	-/ Con Etal and		
64 5 9mi	2 co Britis Jun		
9. Birthelace Grancino and.			
(Town, county, and state)	## # # DE - # D - 3 - 1		
10. Usual occupation may & Salesman			
11. industry or business Paring material	Due to		
MI TAREFO IN NITOUTON			
T 12, name	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name LYDIA PERRY	Major findings of operations.		
14. Malden name LLLLA LENAL 15. Birthglace EN GLAND	major putings or operations. Date of og.		
MEMORTAT, HOSPTTAT.	3.0		
10. III(William)	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address CUMBERLAND, MD.			
17 Bril Date thereof Stran 30 4	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	ACCIDENT, SSICIUE, OF PORTICUE		
Cemetery or crematory office Italy Cem).	Where did injury occur?		
Gamber Lead	Injured at home, farm, industry, public place (where?)		
Location	Means of Injury Injured at work?		
16. Fonerat director arms stum Jac	means or injury		
Address Canadelland	Mar Man		
21 1 - 11 7 01 7	23. SIGNATURE M. B. or other		
19. 3/30/45 19 Wills K. Trauly M. Registra	A. I a		
(Date rec'd by registrar)	Address Male signed		

AFR 4 1945 BUREAU V.S.

gn & B Uneno MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give information carefully of death clearly and City or town. How long in above place of death?.. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, on street address where dearn (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race G.(a)Singles MEDICAL CERTIFICAT item of i FOR BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from every it 6.(c) If allve, give age 7. Birth date of deceased (mo., day, yr.) Supply lease wr Iffess than one day 8. AGE: Years Months Days RESERVED d INK. ADING INK.
Physicians: 1 9. Birthplace ... (Town, county, and state) to. Usual occupation. MARGIN 11. Industry or business a important. 13. Birthplace (Include pregnancy within 3 months of death) WITH 15. Birthplace Major findings of operations..... 16. Informant mas Char 91 Have especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. East Blatana Rd 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide..... Where dld Injury occur? WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured et work? Means of Injury 18. Funeral diret ASE A15 Address 23. SIGNATURE VS (Date rec'd by registrar) Registrar

DURATION

(State)

M. D. or other



WRITE PLAINLY, WITH UNF is especially important.

ASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BAR

CERTIFICATE OF DEATH

Reg. Diat. No.....

PW	4	V	

1. PLACE OF DE	A 7 7	legany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County			Slate Lary land county Allegany
City or town(Lf	ontside city or town fi	mits, write RURAL and give nearest town)	
How long in above place	ot death?	AD. Lears	City or town. Cumberland, Rural (If outside city or town limits, write RURAL and give nearest town)
Rt # 1.	PITECT MARIEZZ MUSIC	Jean occurred:	Street No. Rt 12 La Vale
Now long in hospital o	r Institution?		(If rural, give LOCATION) 2.(a) It veteran, name war WORLD WAR To La
3. (a) FULL NAM			T
J. (a) TOLL NAM		ert Lee Radcliffe	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	None
Lale	White	Married	MEDICAL CERTIFICATION
			20. DATE OF DEATH 10. 10. 20. 1945 19 at 5-AM M
		essie Padcliffe	21. I DERTIFY that death occurred on the date above stated; that I attended deceased from
7 Bi-b dala ai	***************************************		and that I last saw h. W. alive on Wares 19 19 45
deceased (mo., day,)		pril 9 1891	
8. AGE: Years	Months	Days It less than one day	Immediate cause of dort all art failure / yr.
53	11	11hrsmin.	
9. Sirthplace Valle	e Summit. A	llegany Co, Maryland	Due to My year of oxalloa
	(Town, c	ounty, and state)	
10. Usual occupation	But	cher	Due to
11. Industry or business		Merket	all
12. Name	Joseph	Radeliffe	Other conditions 18h OWI A Olislase 10 %.
₹ 13. Birthplace	Vε	le Summit, Md.	
置 14. Malden name	Eva	Long	(Include pregnancy within 3 months of death)
14. Maiden name	Pala	Alto, Pa	Major findings of aperatinus.
	seph F. Rad	lcliffe	Antopsy results.
	ale, Cumber		PHYSICIAN: Please underline the cause to which death should be charged statistically,
17 Br	rial	Date thereot	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation,	or removal. Which?)	(month) (day) (yesr)	Accident, suicide, or homicide
Cemetery or cremator	y	11 Crest Cemetery	Where did injury occur?
Location	Cumber	land, ld.	Injured at home, tarm, industry, public place (where?)
18. Funeral director	Will	iam H. Kight	Means of Injury Injured at work?
Address	Cumberl	and, Md.	Minabell Goras 17.7
19 Mass 2 3 (Date rec'd by reg) ristrar)	Nints R. Tranty m.	23. SIGNATURE M. D. or other M. D. or other Address. Date signed S. 7. O. s.

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

24	FAR	. A.	Cha	irios	St.,	Dai	time	ra	(0	148
									. "	Vara C

CERTIFICAT	E OF DEATH	Reg. Diat. No.
de city or town limits, write klyskall and give nearest town) eath? et address where death occurred:	Street No. (If rural, gr	OF DECEASED: of mother) County
		3. (b) Social Security Number

3. (a) FULL NAME Felix Robertson

1. PLACE OF DEATH

How long in above place of d Hospital, Institution, or stre

How long in hospital or ins

every item of information carefully ite the causes of death clearly and

WITH UNFADING INK. Supply ever important. Physicians: please write

PLAINLY, V is especially i

WRITE

MARGIN RESERVED FOR BINDING

4. Sex	5. 0	Color or race	6.(a)Singl	e, married, widowed, or divorced
Ingle	0	Phite	1 0	Single
8.(b) Name of	husband or wi	ſe	n	me
***************************************		•••••••	6.(c) If alive, give ageyears
7. Birth dale o deceased (n		Oct	,31,	1889
8. AGE:	Years	Months	Days	If fess than one day
	25	4	/	hrs min.

(month) (day) (year)

18. Funeral director.

MEDICAL CERTIFICATION March 2nd.

DURATION Coronary Occlusion

(Include pregnancy within 3 months of death)

no autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town) (Couety) Injured at home, farm, lodustry, public place (where?)

Meaos of Injury

Injured at work?

FIRST HOLD ACTUAL TO A CONTROL OF THE CONTROL OF TH

4 THE STATE OF THE

APR 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 925

02465

		CERTIFICAT	TE OF DEATH	Reg. Dist. No.
City or town	A ILEGANY IMBERLAND outside city or town lit or street address where of ORIAL HOSE or Institution? 1 J	OITAL HOUR 35 MINUTES	City or town	County AL LEGANY WN AND or town limits, write RURAL and give nearest town) #1 (If rural, give LOCATION)
MR. F	5. Color or race WHITE	6.(a)Single, married, widowed, or divorced MARRIED	+	DICAL CERTIFICATION MAR. 17, 145 7:05 AM
7. Birth date of deceased (mo., day. 8. AGE: Year 8. Birthplace	MARYLAND FAR MER SS Own MARYLAND FAR NER SS Own MARYLAND	Janu BINETTE - Jurgatun HAMILTON D- Jurgatun OSPITAL	and that I last saw harmalive Immediate cause of death	ney within 8 months of death) Date of op.
17 Buri	an Old	Date thereof Man 19,1945 (month) (gyy) (yéar) La Le	Accident, suicide, or homicide Where did injury occur?	to external causes, fill in the following; Date of

I MOMITTUD + MAN 39 1945 HURFA

STREET, LOS IN

70205507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-24)

02466

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Shirley Joanne	Rowley 3. (b) Social Security Number
Female white Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended doceased from 18 15 10 10 10 10 10 10 10 10 10 10 10 10 10
11. Iodustry or business 12. Name	Other conditions
16. Interment 1/4 Address 80 4 Kenluckey are - Cumb. Und. 17. (Burial, cremation, or removal, Which?) Cemetery or crematory 1/4 Cemetery 0/4 Cemet	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. John J. Hofer Address C. Le Land G. G. S. Minter R. D. S. M.	Means of Injury Injured at work? 123. SIGNATURE M. D. Control Address Address Address

A15

moderno es de laviaci

REVIEW VED MAR 20 1945 BUREAU V.S. MENTERSON, AMERICAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

02467

2411 N. Charles St., Baltimore B.

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Allegan. City or town. C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME V/m. Amg/land	3. (b) Social Security Number 2/3-16-9170
Mole White Single 6.(a) Single/married, wildowed, or divorced Single 6.(b) Name of huaband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
1. Birth date of deceased (mo., day, yr.) No V 15 - 1888	and that I last saw h
9. Birthplace	Due to
12. Name. A. Regland Ind 13. Birthplace Comberland Ind 14. Malden name. Deschaped Comberland 15. Birthplace Saland.	(include preggacy wishin 8 months of death) Major findings of operations Date of op.
Address 17. Date thereof (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location 18. Funeral director of the stand	Injured at home, farm, industry, public place (where?) Meana of injury Injured at work? 23. SIGNATURE. M. D. or other Address Bate signed. M. D. are other

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BUREAU V.S.

age

1. PLACE OF DEATH:

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife

Years

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace..... 10. Usual occupation ... 11. Industry or business

13. Birthplace

(Burial, cremation, or remov

(Date rec'd by registrar)

Cemetery or cremator

18. Funeral director...

Address

14. Maiden na 15. Birthplace 14. Maiden name

16. Informant Address

8. AGE:

Hospital, institution, or street address where death occurred:

5. Color or rac

Months

(If outside city or town limits, write RURAL and give nearest town

(Town, county, and state)

6.(a) Single, married, widowed, or divorced

.6.(c) If alive, give age

If less than one day

(month) (day) (yea

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFI

02468

2. USUAL RESIDENCE (HOME) OF DECEASED: (For fishworn to fants give residence of mother) State. County City or town (17 outside say or town limits, write RURAL and give nearest town) Street No. 20. 2. (a) 11 reteran, name war. 3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19	ICATE OF DEATH	Reg. Dist. No.
2.(a) 11 veteran, name war 3. (b) Social Security Number 20. BATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19 to 19	State (If outside city or town Street No. 53)	County Co
MEDICAL CERTIFICATION 20. DATE OF OEATH 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19. 10. 3. 1. 19. Immediate dause of death. Ducation Ducation (Include pregnancy within 2-months of death) Major findings of operations. (Include pregnancy within 2-months of death) Major findings of operations. Quite of op. Antopsy results. PHYSICIAN: Please naderline the canse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (Consty) (State) Injured at home, 12rm, industry, public place (where?) Means of injury Injured 23. SIGNATURE.		, give LOCATION
20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	lade.	3. (b) Social Security Number
Jue to. Other conditions Oth	Cha	CERTIFICATION A 3 19 45 at 1 8 m
Immediate large of death. Due to Other conditions (Include pregnancy within 2-months of death) Major findings of operations Oate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of tnjury Injured at work?	2.3/	. 11- 3 3
Due to	Immediate cause of death	BURATION
(Include pregnancy within 3-months of death) Major findings of operations. Oate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Bate of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 1 injured at work?	Wrteri	o Delross,
Major findings of operations Oate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury 1 injured at work?	Other conditions	
Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide		none
Accident, suicide, or homicide	Antopsy results	
Injured at home, 12rm, Industry, public place (where?) Means of injury 1 injured at work? 23. SIGNATURE	Accident, suicide, or homicide	Bate of
M. A 23. SIGNATURE	Injured at home, 12rm, Industry, public pla	ice (where?)
Registrar Address Allan Aren Claster and	M. A. SIGNATURE	Allians

correct information carefully. The co PLAINLY, is especially WRITE PLEASE

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MAR 14 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		4
Dist	No	4

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For) ewborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State All Many County County
How long in above place of death?	
778 Jephand diserce	Street No. 728 Shiphing Market (Trurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Robert Inlian	Schanwecker 214-05-1864
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Price Mate massed	20. DATE OF DEATH. March 6 19. 4.5, 21. 9 43
6.(b) Name of husband or wite Shary Strates Office	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Inly 2 1883	and that I last saw h. A.M. alive on
8. AGE: Years Conths Days It less than one day	Immediate cause of death
61 8 4nrs.	
8, 8irthplace	Due to
Para y Alexanda	
10. Usual occupation	Due to
12. Hame Notesh Schannecher	Dither conditions
2 13. Birthplace Jumany.	(Include pregnancy within 8 months of death)
14. Malden name Sphia Gressman 15. Birtholace Accompany	(Include pregnancy within 3 months of death) Major fludings of operations.
\$ 15. Birthplace Germany	Date of op.
16. Interment Ing R J. Schannether	Autopsy results.
1 0 1 1	PHYSICIAN: Please underlino the cause to which death should be charged statistically.
Address limburand	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Itellerish Colins.	Where did injury occur?
Location as Campeland	Injured at home, farm, industry, public place (where?)
y str. 9	Means of Injury Injured at work?
18. Funeral directo	
Address um/lestand	23. SIGNATURE D. 97. MA may
13. Mar 9 19 45 Wenter K Chanter Menter & Chanter Megistre	23. SIGNATURE M. D. or other M. D. or other Address As D. C. O. O. O. C. Solo start 3-7-46
/ Kegist	11 AUUTESS

ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH ONF is especially important.

PLEASE

The correct age

MAR 14 1945
BUREAU V.B.

COLUMN STREET

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

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CERTIFICATE OF DEATH

			۷
Reg.	Diat.	No.	

I. PLACE OF DE	All: All	egany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			State Laryland county Allegeny		
(If outside city or town limits, write RURAL and give nearest town)					
How long in above place	e of death?	71 Years 2 lo 9 Days	City or town		
	street address where d	leath occurred:	Street No. 415. Greene St		
+0000000000000000000000000000000000000	415. Gree	ene St	(If rural, give LOCATION)		
How long in hospital or	r Institution?		2.(a) If veteran, name war.		
3. (a) FULL NAM	E		3. (b) Social Security Number		
	Svlv	ester Schilling	220-10-9278		
4. Ser	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Lale	White	larried	20. DATE OF BEATH MARS - 10 1945 at B		
6.(b) Name of husband	or wife	s. Ida Schilling	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
		6.(c) If allve, give age70 years	3-10 1945 10 3-10 19		
		mber 31, 1873	and that I last saw h. wi alive on Thorat _ 19.45		
8. AGE: Years		Bays If less than one day	Immediate captool death DURATION DURATION		
71	2	9min.			
9. BirthplaceCu	mberland,	Allegany Co, Laryland	Due to. Cle Leurs Cleron 3 cyc		
		States Post Office Cler			
	7)	ost Office	Due to		
11. Industry or busines	78.2				
12. Name			Other conditions		
.1		ville, Indiana	(Include pregnancy within 3 months of death)		
型 14. Maiden name.	bar	bara Dollhopf	Major findings of operations		
14. Maiden name.	and the same of th	ermany	Bate of op.		
16 Informant	rs. Sylves	ter Schilling	Autopsy results.		
		. Cumberland, Id.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
			22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, cremation	rial, or removal. Which?)	Date thereof	Accident, suicide, or homicide		
		ill Cenetery	Where did injury occur?		
Location	Cumb	erland, ld.	. injured at home, farm, industry, public place (where?)		
		am H. Kight	Means of Injury Injured at work?		
Address		and, Md.	11. Withlean all		
m.		111:+ 07 -+	23. SIGNATURE 24. Exercise St Greeberland Held. D. or other, Address Date Signed 3/10/4.		
19 / Date rec'd by re	13 45	Megistrar	126 Theres & weberland Plate signed 3/19/4.		



The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1/5 6

CEDTIFICATE OF DEATH

02471

CERTIFIC	AIE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Memorial Hospital	Sireet No. 212 Schley Street (If rural, give LOCATION)
How tong in hospital or institution? 11 days	2.(a) If veteran, name war
3.(a) FULL NAME Mr. Frank L. Schriver	3. (b) Social Security Number 214-05-6608
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH March 28, 19 45, at 3:35A
6.(b) Name of husband or wife Margaret Eyler 6.(c) If elive, give age 40	21 I CSRTIFY that death occurred on the date above stated; that I affected disceased from 19 19 19
deceased (mo., day, yr.) July 744 1903	and that I tast saw h
8. AGE: Years Months Days It less than one day 4.2 8 4hrs.	level oggains garge
9. Birthplace	Due to Streft over ufelier Hay
1f. Industry or business Allegany Ballistics Lab	UEC Veccontraction of the contraction of the cont
12. Name Joseph S. Schriver 13. Birthplace Maryland	Other conditions
14. Malden name Martha Daugherty 15. Birthplace Maryland	Major findings of operations
f6. tnformant Memor ial Hospital	Actorsy results
Address Cumberland, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remptat Whigh) Bate thereof (month) (day) (year)	Accident, suicide, or homtcide
Cemetery or crematory Ab Letter & Lay La Class	
Location C. C. Company	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director Address Address	Aust live
19. 3/30 1945 Writer R. Frants	M. D. or object M. Or
(Data rec'd by registrar) Regis	

APR 4 1945
BUREAU V.S.

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23/11/2012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-0

02472

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF COUNTY.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por)newborn infants give residence of mother)
City or town (If outside city or town limits, write RUICAL and give nearest town)	State Many County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give grayest town) Street No. 40 7 4 10 10 10 10 10 10 10 10 10 10 10 10 10
How long In hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Fred Sert	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single-married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH 17 19.445 21.945 P. M.
6.(6) Mame of husband or wife Anna In Bink	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) ### 14 1868	and that I last saw h and alive on Lucid 12 19.45
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
9 Birtholace Grew Gords City N. W.	Breto 1
(Town, county, and state)	Staffentine Secret and
to. Usual occupation	Due to.
12. Name Tild Seite Germann	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Just frink menselhlash	Major findings of operations.
to interment Ima Bertha Beall to	Autopsy results
Address Comberland	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tellowing:
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory At Ambers Change	Where did injury occur?
Location Canallas Land	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director Attach Addison Onto	means of tithit?
May 1 = 115 11 to 12 + m	193. SIGNATURE M. D. of ther
19. March 15, 19. 75. William K. Clsaus, M. (Date rec'd by registrar)	Address Com Und Le Cate signed 13

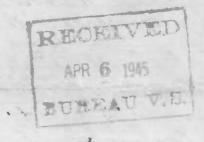
RECEIVED
MAR 20 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For revision infants give residence of mother)
County Charles County C	State Granyland County Allegary
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place ot death?	Kara Maria (A
573 William St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) H veteran, name war
3.(a) FULL NAME Brichall J. Sell	3. (b) Social Security Number
Inale Mit Hadred	2D. DATE OF DEATH STATE 3 1 19. \$45.21
B.(b) Name of husband or wife. Images the J. Herrier	21. 1 dentary that death occurred on the date above stated; first rattended decrased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw below alive on 200 25
8. AGE: Years Months Days It less than one day	Immediate cause of death
81 5 13hrsmin.	Khronec Myocardeles 2m
9. Birthpiace Cumterland and.	Due to.
10. Usual occupation (Retired)	
11. Industry or business Stone & Colomen A	Due to
TE 12. Name Small Sell	Other conditions attenoscleroses 3 yrs
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Stany Alles Mely 15. Birthotace Starrmany	
15. Birthotace Marsmany	Major findings of operations. Date of op.
16. Informant Manager Sells	Antopsy results
Address Cumberland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removed, Which) Date thereof, (May) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Sto Later L. Panto Care	Where did injury occur? (City or town) (County) (State)
Location Caracterland and.	Injured at home, farm, industry, public place (where?)
18. Funeral director Assais Steins Gare	Means of Injury Injured at work?
Address Canado Ma Canad	april - bin t
april 1 115 White O That mr	23. SIGNATURE M. D. or other
19. (Date/rec'd by registrar) 19. 4.3. (Waters. Many, M. A. Registrar	advancebellaced, mid pair signed for 4-45

Registrar Adjubility



4. Sex

Male

7. Birth date of

53

9. Birthplace....

10. Usual occupation.

14. Maiden na 15. Birthplace

16. Informant....

14. Maiden name.....

11. Industry or business 12. Name....... 13. Birthplace

8. AGE:

deceased (mo., day, yr.)

3. (a) FULL NAME

Mr. David W. Shearer

5. Color or race

White

Maryland

Scotland

William Shearer

Maryland

Mary Goodrich

Carman

MARYLAND STATE DEPARTMENT OF HEALTH

39 days

March 2

(Town, county, and state)

2411 N. Charles St., Baltimore (12/18)

112474

CERTIFICATE OF DEATH

Rog. Diat. No ...

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Allegany Cumbe land, Maryladd
(If outside city or town limits, write RURAL and give nearest town) Cumberland (If outside city or town limits, write RURAL and give nearest town) 304 Columbia Street (If rural, give LOCATION) 3. (b) Social Security Number B.(g)Single, married, widowed, or divorced MEDICAL CERTIFICATION Married March 9 20. DATE DF DEATH..... Edna Pearl Cutter 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Q Naber 18 19 44 10 Mars and that I last saw h A alive on OURATION If less than one day 1.1672 B & O Railroad Major findings of operatious Memorial Hospital PHYSICIAN: Please underline the cause to which death should be charged statistically. Cumberland. Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE.

information of death cle WITH UNF important. especially WRITE PLAINLY

FOR BINDING

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2411 N. Charles St., Baltimore (4)

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CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 304 South Centre Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Peter Shimbo	3. (b) Social Security Number 220-10-7990
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale Single Sin	MEDICAL CERTIFICATION 20. DATE OF DEATH March 19 1945 at 8:05 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 50 3 11 hrs. min. 9. Birthplace Unknown 12. Name Unknown 13. Birthplace Unknown	and that I last saw h
14. Maiden name. Unknown 15. Birthplace Unknown 16. Informant Memorial Hospital Address Cumberland, Maryland	Major findings of operations
Burial Burial Bate thereof Mar. 22, 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory. St. Mary's Cemetery Location Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. March 21, 1945 Minter Chamberland 19. March 21, 1945 Minter Chamberl	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

important.

LEASE WRITE PLAINLY, is especially

RECEIVED
MAR 28 1945
BUREAU V.S.

bi., Baltimore	UNITIO		
TE OF DEATH	Reg. Dist. No.		
Street No. Trostlu			
	3. (b) Social Security Number		
MEDICA	L CERTIFICATION		

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

(County)

Injured at home, farm, Industry, public place (where?)

Infered at work?

williams

RECKY MAR 20 1945 BUREAT

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2411 N. Charles St., Baltimore (79)

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	makelland allegare
City or town	A The state of the
How long in above place of death? So Market	City or town (If butside city op town limits, write BURAL and vive nearest wwn)
Hospital, institution, or street address where down occurred:	Street No. 52 W. doa Ok
52 W ATO A	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Callerine 11. June	ous none
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jenuse While Wildowed	2D. DATE DF DEATH MAY 3 1943, at 4 MM
Tirilliam K. Simons	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife	19 19 19 10 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 40 19 19 40 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of 7. Bir	and thet I last saw half alive on
deceased (mo., day, yr.) 8 A.G.F. Years Month Days If less than one day	Immediate cause of death
8. AGE: Years Monthly Bays IT less than one day	Jonesly
8011000 300	
9. Birthplace Chart allegand Maryane	Due to.
10, Usual occupation	free of the same
	Due to
11. Industry or business	Other conditions
The state of the s	
	(Include pregnancy within 8 months of death)
14. Maiden name sabelle Oliver	Major findings of operations
15. Birthplace Ocolland	Date of op.
16. Informant Oliver Simones	Autopsy results
Address Trostlara Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Bate thereof man 7-1945	Accident, suicide, or homicide
17	
Cemetery or crematory. C.	Where did injury occur?
Location Celebrate Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Q. Durisk	Means of injury Iphared at work?
FHG +1 m-1	wan Inna A Mal
Address Www. Warrage 1 a. D.	23. SIGNATURE
19. 3-6 1945 Miss Rauly 4. Register	Address Frontburg M9 Date signed More 5/443
(Date iec a ny iekistrat)	

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BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 81-0/

CERTIFICATE OF DEATH

02478

			16
g.	Dist.	No.	4

rect	CERTIFICATE OF DEATH Rog. Dist. No.				
e cor	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
The	City or town (If outside city or town limits, write RURAL and give nearest town)	State manylaged county follogaring			
ully.	How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)			
on carefully.	Hospital Institution, or street address where death-occurred:	Street No. S. (If rural, give LOCATION)			
rion cle	How long to hospital or institution?	2.(a) If veteran, name war			
death cle	3. (a) FULL NAME Walter de. Simpon	3. (b) Social Security Number 217-10-6783			
causes of	4. Ser 5. Color or race 6.(a) Single, married, widowed, or divording	MEDICAL CERTIFICATION 20. DATE DE DEATH MOSAL 3 19.45 at 6:00 Q M			
ery item the cau	6.(b) Name of husband or wife. Betthe Isl	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945.			
ev	7. Birth date of taceased (mo., day, yr.) 7. Birth date of taceased (mo., day, yr.)	end that I last saw harmalive on Turch 3 19 50			
Supply ease wr	8. AGE: Years Months Days If less than one day 36	Immediate cause of death DURATION Carefore Special			
ADING INK. Sup Physicians: please	9. Birthplace Three Share M. Va.	Due to 5 trepto coasie tipe			
ING I ysiciar	10. Usual occupation	Due to			
Tr.	E 12. Name la lagreles de Simples	Dither conditions			
TH UNF	13. Birthplace 14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations			
WITH	15. Birthplace	Date of op.			
LY, ially	16. Informant August Little Language Communication of the Communication	Autopsy results			
PLAINLY, is especially	Address 17. Burial, cremation, or remove. Whichi) (Burial, cremation, or remove. Whichi)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide			
TE PI	(Burial, cremation, or remove). Which?) Cemetery or crematory	Where did injury occur? (City or town) (County) (State)			
VRIT	Location A Completion	Injured at home, farm, Industry, public place (where?)			
SE	18. Funeral director 1. MAS. Attack Jane	Means of injury Injured at work?			
EA	Address Insmitestand . The Times	23. SIGNATURE & M Weathers M. D. or other			
PI	(Date rec'd by registrar) (Date rec'd by registrar)	Address # 9 Greece At Date signed 3-3-45			



2411 N. Charles St., Baltimore (331)

02479/1

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother) State County City or town (If outside city or town limits, wpice RURAL and give nearest flown) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Track Sowerby 5. Color or race (5.(a) Single, married, wildowed, or divorced)	3. (b) Social Security Number MEDICAL CERTIFICATION
male White married morried	20, DATE OF DEATH March 20 19 45, 81 8.1504
8.(b) Name of husband or wife Bertha Sarrenky. 7. Birth date of Sarrenky Sarrenky Sarrenky Sarrenky. 7. Birth date of Sarrenky Sarrenky.	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19
8. AGE: Years Morris Days If less than one day	Immediate cause of death Control Cont
9. Birthplace (Toyn, county, and state) 10. Usual occupation. M. C. L.	Due to
12. Name Jahre Sawerty 13. Birtholice Canada 14. Malden name Mary Etta Sensett	Diher conditions (Incinde pregnancy within 3 months of death)
14. Malden name Dary Etta Sensett	Major findings of operations
16. Informant. M. Jakes Sowerky	Antopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Attle Crest Censelerry Location Cympheriaed md	Where did injury occur? (City or town) (County) (State) Injured at home, farm, lodustry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Maral 21 Ges (Simila Malen	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Community Date signed Mandel

UNFADING INK. Supply every item of information carefully. The correctage cant. Physicians: please write the causes of death clearly and legibly.

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DEATH CATS OF BEARE

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APR 7 1945

BUREAU V. S.



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 9

	Rog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Leggent	(For uewborn infants five residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? In Indiana	(If outside city or town limits, write RURAL and give nearly town)
Hospital Institution, or street address where death occurred:	
Calchest marses Ins	Street No
How long in hospitat or tostitution?	2.(a) If veleran, name war
3. (a) FULL NAME	
Mary Locretta Sur	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
f. 1. Dell + 1	7 - 1,90
mall the tingle	20. DATE OF DEATH 1943 at 11
B.(b) Name of husband or wife	21. J CERTIFY that death occurred on the date above stated; that I attended deceased from
	apr 22 1044 10 mar 3/ 19 40
8.(c) If alive, give age yea	and that I last saw h Malive on May 30 1940
deceased (mo., day, yr.) 7 13 - 1870	Immediate cause of death DURATION
AGE: Years Months Days If less than one day	The section of the se
75 0 18hrsmi	in.
8014111	
Birthplace (Town, county, and state)	Due to.
ID. Usual occupation	Due to find the first the
1. Industry or business	- January
12. Name Self-self-self-self-self-self-self-self-s	Dither conditions
13. Birthplace	
	(Include pregnancy within 3 mouths of death)
14. Maiden name 15. Birtholace	Major findings of operations
15. Birthplace	Date of op.
6. Informant Mary Feldman	Autopsy results.
	PHYSICIAN: Please underline the cause to which death shootd be charged statistically.
Address Copplant Muses, M. J.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriat, cremation, or removal, Which?) Bate thereof, Thomthy (day) (year)	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory A Character States	Where did injury occur? (City or town) (County) (State)
Location Fresthing	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director	Imparts or impart
Address Frestlang, Indl	a many ((1, M)
	23. SIGNATURE
19. 4-2 18 45 Mus Xaucu X Kos	P Africa ml /4-2-45
(Date read by registrer)	The last of the last and the last of the l

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PLEASE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02481

			CERTIFICA	TE OF DEATH	Reg. Diat. No	<u></u>
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) W. Va. County Mineral City or town Rural near Keyser (If outside city or town limits, write RURAL and give nearest town) Street No. R#3 (If rural, give LOCATION)			
3. (a) FULL NAMI		y Taylo	r (Jeremiah	Taylor)	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	77	idowed	2D. DATE OF DEATH March 25tl	h. 19 45	11:45A
0 (h) N		waling	beth Taylor			
				19		
7. Birth date of			alive, give ageyea	and that I last saw halive on		
deceased (mo., day, y 8. AGE: Years 72	Months 5	2.5	t less than one dayhrsmi	Immediate cause of death	clusion	DURATION
9. Birthplace Get 10. Usual occupation 11. Industry or business	Fari					
			Pa.	other constitute.		• •••••••••••••••••••••••••••••••••••••
	Elizabe			(Include pregnancy within 8 m	nonths of death)	
14. Malden name Elizabeth Baker 15. Birthplace Pa.			Major findings of operations.	Date of on		
	bert Tay Keyser			Autopsy results. no autopsy PHYSICIAN: Please underline the cause to wh		statistically.
17	or removal. Which?) Dayton 2lst.	Date thereof Cemete Bridge,	Mar. 28-45 (month) (day) (year) X.Y.	tnjured at home, farm, industry, public place (wh	(County)	(State)
Address		r. W.Va	ral Directo	23. SIGNATURE	H. bruga	or ther 3-25-45

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APR 5 1945
BUREAU V F.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 33-01

CERTIFICATE OF DEATH

02482

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CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street agdress where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn infants give residence of mother) State. County City or town (If outside city or town limits, write BURAL and give nearest town) Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) if veteran, name war
3. (a) FULL NAME Clara L. Wicks	3. (b) Social Security Number
4. Ser 5. Color or race 6.(a) Single, married, wildowed, or divorced Himse Mit Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.45 at // 32 A. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw hat alive on Manual Land 19. 45
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION Principles Buresta Jelang
9. Birthplace Charalter (Town, county, and state)	Due to Jufflerenny las
10. Usual occupation	Due to
11. Industry or business 12. Name Such Strains 13. Birthblace 2004.	Diher conditions
14. Malden name Jane Carle Time	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Indiana	Bate of op
16. tuformant O The At All All And	Autopsy results
Address Charlerland	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory.	Where did injury occur?
Location Court Histard	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	0.61.0
Address Comberland.	23. SIGNATURE M. D. or other
19. Man 3 3 19 45 Willer & Tradity Registrar	Address Oliverhuland Milbate signed 3-21-49;

CERTIFICATE OF DEATH

APR 4 1945

2411 N. Charles St., Baltimore 474

CERTIFICATE OF DEATH

02483

Reg. D	list.	No.		4	4
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For D whom infants give residence of mother)
County Allegany	State manyland county Allegary
City or town (If ontside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL, and give nearest town)
V16 Fark St	Street No. (If rural, give LOCATION)
How fong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Owen Wils	on home
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20, DATE OF DEATH SANCH 10 19 45 at 6 A. M
6.(b) Name of husband or wife. Cla north	21. I CERTIFY that death occurrence the date above stated: that I attended deceased from
	19 13 10 3-10 78 18
7. Birth date of	and that I fast say Machaelive on
8. AGE: Years Mooths Days It less than one day	Immediate cause of death
80 5 10 min	M. Marting
B 1 B 1 B	
9. Birthplace (Toyn, connty, and state)	Due to
10. Usual occupation. It should	
11. Industry or business	Due to
12 Name Jesse Wilan	Other conditions.
12. Name Jesse Wilow 13. Birthplace O Ond.	
14. Maiden name Sarah Steward	(Include pregnancy within 3 months of death)
14. Maiden name Shah Stewart 15. Birthplace Brd.	Major findings of operations.
Plan William	Bate of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cushleland	22_VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Competery or crematory Prose Ttill Censal-	Where did injury occur? (City or town) (County) (State)
Location Commentered	Injured at home, farm, industry, public place (where?)
· 11. 0	Means of Injury tnjured at work?
18. Funeral director. Olynco Blum. Smc	ALL SIL
Address Cumberland	23. SIGNATURE
19. March 13, 19 45 Wuller K. Tranky, M.	D. M. Der other
(I)ate rec'd hy registrar)	Address (Address)

Description of Reserve

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL NEAR and give town) City or town Street address, hospital, or institution: (If outside city or town limits, write RURAL NEAR and give town) Stay in hospital or inst. (yrs., or mos., or days). (If rural give LOCATION) Stay in this community (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR _____ 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION -6(c) If alive, give age ____ 7. Birth date of deceased (mo., day, yr.) DUBATION 8. AGE: Years If less than one day Days 60 (Town, county, and state) 10. Usual occupation 11. Industry or busing 12. Name 13. Birthplace (Include pregnancy within 3 months of death) important PHYSICIAN 14. Malden name Major findings: Please underline the cause to which Of operations 15. Birthplace death should be charged statisti-16. Informant Address 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide Where did injury occur? ___. PLEASE WRITE correct age is (City or town) (County) (State) injured at home, farm, industry, public place (where?)_____ Location Means of injury 18. Funeral director Address

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BUREAU V.A.

2411 N. Charles St., Baltimore (934)

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02486

CERTIFICA	Reg. Dist. No.
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of goath? Hospital, Institution, or sixeet address where death ecoured: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fognewborn infants give realdence of mother) State County County County (If outside give reaven town limits, write RURAL and give pearest town) Street No. (If rural, give OCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Grary Gray Going	3. (b) Social Security Number
5. Color or race Social Single, married Midowell, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH
9. Birthplace	Ope to.
11. Industry or business 21. Name Oscaria Carifield 13. Birthplace	Other condition Allereosclerosis 3 y
14. Maiden name. 15. Birthplace 16. Informant 18. Maiden name. 18. Maiden name. 19. Maiden name.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant This was I have the state of t	Autopsy results

(Buriai, cremation, or remove). Which? Smonth) (day) (year) Cemetery or crematory.

1B. Funeral director Address

(Date rec'd by registrar)

Accident, suicide, or homicide.....

injured af home, farm, industry, public place (where?)

Where did injury occur?

Means of Injury

22. VIOLENCE: If death was due to external causes, fitl in the following:

(Clty or town)

(County)

Inlured at work?

M. D. or other

(State)

RECEIVED
MAR 20 1945
BUREF AU V.S.

Macrosono.

Registrar

BUREAU V.S.

CERTIFICAT	E OF DEATH Reg. Diat. No	00000000000000000000000000000000000000
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	r
4. Sex Scolor or race of 6. (a) Single, married, widowed, or divorced Male Shite Married.		:55P.1
8.(6) Name of husband or wife	21. I GERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. March 19. 10. Ma	19
8. AGE: Years Months Days It less than one day 8.2 / O 20hrsmin.	pulmay puliline 27	leur
9. Birthplace translet (10 scattlable). (10 (10 wn, county, and chate) 10. Usual occupation	Due to feeting with flan Due to feeting 45 Other conditions	who
12. Name 12. Name 12. Name 12. Name 12. Name 13. Birthplage Persagleanide 14. Maiden name 12. Russell 15. Birthplace Apringfield, Pa	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Roy Zummernan Address Mi Jake Park	Autopsy results	ally.
17. Durish 20-194 (Burial, cremation, or removal, Which?) Cemetery or crematory. The Cale Md (month) (day) (year)	1.005 6. of a /hourd /-	Hol
18. Funeral director Envry Boldin	Injured at home, farm, industry, public place (where?) Means of injury olygod talple injured at work?	
19. Mw 27 19.45 Wutles & Franty, M. (Date rec'd by registrar) 19. Water rec'd by registrar)	23. SIGNATURE LANGE M. D. or other Address. Date signed 3-4	<i>1</i> 8-71

VS A15

PLEASE

MARGIN RESERVED FOR BINDING

3.61 RECEIVED MAR 28 1945 BUREAU V.S. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02489

	Reg. Diat. No
1. PLACE OF DEATHY CO.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	For the Marning sive residence of mother ALLEGHENY
City or town CUMBERLAND MARYLAND (If outsidu city or town limits, write RURAL and give cearest town)	State CUMBERTAND County
How long in above place of death?	City or town
Hospital, justitution, or street address where death occurred: MEMORIAL HOSPITAL	3 (Montaide city or sawe limits, write RURAL and give nearest town)
110000000000000000000000000000000000000	Street No
How long in hospital or institution? 5 Weeks	2.(a) It veteran, name war
3.(a) FULL NAME MRS. FLORA M. ZOMBRO	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WADOW	MEDICAL CERTIFICATION
	20. DATE OF DEATH MARCH 16 19 43 at 5:30 1. m
JOHN ZOMBRO	21. I CERTPY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Fro 8 1045 March 16 10 45
7. Birth dato ot	and that I last saw h. A. alive on March 15 18 4.5.
deceased (mo., day, yr.) FEB 2 1873	
8. AGE: Years Months Days It less than one day	Immediate caose of death
72 1 14hrsmin	
W. VIRGINIA	- Tong
9. Birthplace	Due to Digalula Mellela
	following
10. Usual occupation. HOUSENIFE	Due 1 9 land 3-22-45
11. Industry or business	
I 12, Hame	
El W. VA.	Dther conditions .V.
Z 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden namy WARY CRITTON	Market Market
14. Malden named NARY CRITTON 15. Birthplace	
MEMORIAL HOSPITAL	Date of op
16. Informant MBMORTAD HOSTITAD CUMBERTAND MARYTAND	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address MARILAND	PHISICIAN: Please noderino the cause to which death should be charged statistically.
Densie 2 7/10/45	22. VIOLENCE: If death was due to external causes, till in the following;
17. Burial Date thereof 3/18/45 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Hill Crest Cemetery	Where did injury occur?
Location Cumberland, Id.	Injured at home, farm, Industry, public place (where?)
18. Funeral director William H. Kight	Means of Injury Injured at work?
	Finel & 2
Address Cumberland, Id.	23. SIGNATURE LIMINUS POR
19 Mex: 12 19 45 Winter Ktranh M	M, D. or other
19. (Date rec'd by registrar)	Address Date signed . L. Date

MAR 20 1945 BUREAU V.S.

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